Description of Data Elements

HCUP State Ambulatory Surgery Databases (SASD)

This document contains cumulative descriptions of data elements across all HCUP Central Distributor states and years of HCUP data from 1988 to the current data year. Please refer to the separate documents on the Availability of Data Elements (1997) and (1998-2001) for specific information on which states and data elements are included in each year of the SASD.

Not all data elements are uniformly coded or available across all the states. Please check the "State Specific Notes" section for each data element before analysis.

Table of Contents

ADATE - Admission date

General Notes

Admission date (ADATE) is assigned a valid nonmissing date, with the following exceptions:

- If an admission date is supplied by the data source, but one or more of the components of the admission date (year, month, day) is
  - Blank or a documented missing value, then ADATE = missing (.).
  - - or -
  - Nonnumeric or out of range (year NE 00-99, month NE 1-12, day NE 1-31), then ADATE = invalid (.A).
- If the admission day is inconsistent with the month (e.g., February 30), then ADATE = invalid (.A).
- If the data source does not provide the admission date, then beginning in the 1998 data, ADATE is not present on the HCUP files. In the 1988-1997 data, ADATE is retained on the HCUP files and is set to unavailable from source (.B).
- If the admission date is after the discharge date (ELOS03 beginning in the 1998 data and ED011 in the 1988-1997 data), then ADATE is set to inconsistent (.C).

To ensure the confidentiality of patients on the HCUP Central Distributor files, full dates are not released. Beginning in the 1998 data, ADATE is replaced by admission month (AMONTH) and admission year (AYEAR). In databases before 1998, the day portion of the date stored in ADATE is overwritten with "01" during the creation of the Distributor files. The month and year portion of the date remains unchanged. HCUP data elements that are calculated from ADATE are computed before ADATE is masked.

Uniform Values			
Variable	**Description**	**Value**	**Value Description**
ADATE	Admission date	YYMMDD	Date of admission
		.	Missing
		.A	Invalid
		.B	Unavailable from source (coded in 1988-1997 data only)
		.C	Inconsistent: beginning with 1998 data, ELOS03; in 1988-1997 data, ED011

State Specific Notes

Colorado

Beginning in 1997, Colorado provided the admission date (ADATE) with a four-digit year. In prior years, only a two-digit year was available.

ADAYWK - Admission day of week

Admission day of the week (ADAYWK) is calculated from the admission date (ADATE). If ADAYWK cannot be calculated (ADATE is missing or invalid), then:

- ADAYWK is set to the supplied admission day of the week, if available.
- ADAYWK is missing (.) if the supplied admission day of week is missing.
- If ADAYWK is out of range (ADAYWK NE 1-7) or nonnumeric, it is set to invalid (.A).
- In the 1988-1997 HCUP files, if the data source does not provide the admission date or admission day of week, then ADAYWK is set to unavailable from source (.B).

Beginning in the 1998 HCUP files, the data element ADAYWK is replaced by admission weekend (AWEEKEND).

Uniform Values			
Variable	**Description**	**Value**	**Value Description**
ADAYWK	Admission day of week	1	Sunday
		2	Monday
		3	Tuesday
		4	Wednesday
		5	Thursday
		6	Friday
		7	Saturday
		.	Missing
		.A	Invalid
		.B	Unavailable from source (coded 1988-1997 data only)

State Specific Notes

Maryland

For 1990-1994, the source did not report admission day of week. Only the calculated admission day of week could be used to assign ADAYWK.

Beginning in 1995, the source reported admission day of week. During HCUP processing, ADAYWK was assigned using the reported admission day of week if the day could not be calculated from admission date.

New York

ADAYWK could not be calculated because New York did not report full admission dates. During HCUP processing, only the reported admission day of the week could be used to assign ADAYWK.

AGE - Age in years at admission

Age in years (AGE) is calculated from the birth date (DOB) and the admission date (ADATE) with the following exceptions:

- AGE is set to the supplied age if the age cannot be calculated (ADATE and/or DOB is missing or invalid). Note: If the supplied age is the age at discharge instead of the age at admission, then the supplied age is NOT used.
- AGE is missing (.) if the age cannot be calculated and the supplied age is missing.
- AGE is invalid (.A) if
  - it is out of range (AGE NE 0-124) or
  - the age cannot be calculated and the supplied age is nonnumeric.

  An invalid calculated AGE is not replaced by the supplied age.

- If the data source does not provide the necessary dates to calculate age or the reported age at admission, then beginning in the 1998 data, AGE is not present on the HCUP files. In the 1988-1997 data, AGE is retained on the HCUP files and is set to unavailable from source (.B).
- AGE is set to inconsistent (.C) if one of the HCUP edit checks is triggered. The age edit checks vary by year.
  - Beginning in the 1998 data, AGE is less than 0 (EAGE02), is greater than 124 (EAGE03), is inconsistent with neonatal diagnoses (EAGE04), or is inconsistent with maternal diagnoses/procedures (EAGE05).
  - In the 1988-1997 data, AGE is inconsistent with AGEDAY (ED021), neonatal diagnoses (ED3nn), maternal diagnoses (ED4nn), or maternal procedures (ED5nn).

When processing the 1996 HCUP data, no adjustment was made for the leap year when age was calculated from date of birth and admission date. This caused infants admitted on the day before their first birthday to have AGE=1 instead of AGE.

Uniform Values			
Variable	**Description**	**Value**	**Value Description**
AGE	Age in years at admission	0-124	Age in years
		.	Missing
		.A	Invalid
		.B	Unavailable from source (coded in 1988-1997 data only)
		.C	Inconsistent: beginning with 1998 data, EAGE02, EAGE03, EAGE04, EAGE05; in 1988-1997 data, ED021, ED3nn, ED4nnn, ED5nn

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State Specific Notes

Colorado

Beginning with 1998, the Colorado supplied age at admission was used to assign AGE when the age could not be calculated.

From 1994-1997, Colorado supplied age at admission. For consistency with earlier years of the SASD, however, only the calculated age was used to assign the HCUP variable AGE.

From 1988-1993, Colorado did not supply age at admission. Only the calculated age could be used to assign the HCUP variable age.

Florida

Beginning in 1998, Florida supplied ADATE and DOB for patients less than 11 years old. Only the reported age in years could be used to assign AGE for patients over 10 years old.

New Jersey

Prior to 1994, New Jersey reports age as a two-digit code with a maximum of 99 and provides a birth century indicator. Beginning in 1994, New Jersey provides a four-digit birth year. If age could not be calculated (ADATE or DOB missing or invalid) then age was assigned as follows:

Year of Data	HCUP processing of AGE
1988-1991	If DOB is greater than ADATE, assign AGE as the reported age plus 100. Otherwise, assign AGE as the reported two-digit age.
1992-1993	If DOB is greater than ADATE, assign AGE as the reported age plus 100. Otherwise, assign AGE as the reported two-digit age and add 100 if the birth century flag indicates that the patient is age 100 or older.
Beginning 1994	Assign AGE as the reported age, if the reported AGE was in the range of 1-124 years. Otherwise, assign AGE as invalid (.A).

New York

In the 1988-1997 HCUP New York databases, AGE could not be calculated because New York did not report full admission and birth dates. During HCUP processing, only the reported age in years could be used to assign AGE.

Beginning with the 1998 data, New York provided complete dates and AGE could be calculated.

Utah

The reported age was not used when AGE could not be calculated because Utah supplied age at discharge.

Wisconsin

Only the calculated age could be used to assign AGE because Wisconsin groups ages greater than 96. AGE was calculated using the date of birth and date of principal procedure because the admission date is not provide by the state.

AGEDAY - Age in days (when AGE is less than 1 year)

General Notes

Age in days (AGEDAY) is reported for patients less than 1 year old. AGEDAY is calculated from date of birth (DOB) and the admission date (ADATE) with the following exceptions:

- AGEDAY is set to the supplied age in days if the age cannot be calculated (ADATE and/or DOB is missing or invalid).
- AGEDAY is missing (.) if the age cannot be calculated and the reported age in days is missing.
- AGEDAY is missing (.) if the calculated age in years is out of range (AGE NE 0-124).
- AGEDAY is invalid (.A) if the age in days cannot be calculated and the supplied age in days is nonnumeric. An invalid calculated AGEDAY is not replaced by the reported age in days.
- If the data source does not provide the necessary dates to calculate age in days or the reported age in days, then beginning in the 1998 data, AGEDAY is not present on the HCUP files. In the 1988-1997 data, AGEDAY is retained on the HCUP files and is set to unavailable from source (.B).
- AGEDAY is set to inconsistent (.C) if one of the HCUP edit checks is triggered. The age edit checks vary by year.
  - Beginning in the 1998 data, AGEDAY is inconsistent with neonatal diagnoses (EAGE04), or is inconsistent with maternal diagnoses/procedures (EAGE05).
  - In the 1998-1997 data, AGEDAY is inconsistent with AGE (ED021), neonatal diagnoses (ED3nn), maternal diagnoses (ED4nn), or maternal procedures (ED5nn).

When processing the 1996 HCUP inpatient data, no adjustment was made for the leap year when age was calculated from date of birth and admission date. This caused infants admitted on the day before their first birthday to have AGE=1 and AGEDAY = missing (.), instead of AGE=0 and AGEDAY=364.

Uniform Values			
Variable	Description	Value	Value Description
AGEDAY	Age in days (when AGE is less than 1 year)	0-364	Days
		.	Missing
		.A	Invalid
		.B	Unavailable from source (coded in 1988-1997 data only)
		.C	Inconsistent: beginning with 1998 data, EAGE04, EAGE05; in 1988-1997 data, ED021, ED3nn, ED4nnn, ED5nn

State Specific Notes

New Jersey

Beginning in 2001, the reported Age in Days was used when AGEDAY could not be calculated. Only the calculated age could be used to assign AGEDAY because New Jersey did not supply age in days.

New York

In the 1988-1997 HCUP New York databases, AGEDAY could not be calculated because New York did not report full admission and birth dates. During HCUP processing, only the reported age in days could be used to assign AGEDAY.

Beginning with the 1998 data, New York provided complete dates and AGEDAY could be calculated.

Utah

Only the calculated age could be used to assign AGEDAY because Utah did not supply age in days.

AGEMONTH - Age in months (when AGE is less than 11 years)

Age in months (AGEMONTH) is reported for patients under 11 years of age. AGEMONTH is calculated from date of birth (DOB) and the admission date (ADATE) with the following exceptions:

- AGEMONTH is set to the supplied age in months if the age cannot be calculated (ADATE and/or DOB is missing or invalid).
- AGEMONTH is missing (.) if the age cannot be calculated and the reported age in months is missing.
- AGEMONTH is missing (.) if the calculated age in years is out of range (AGE NE 0-124).
- AGEMONTH is invalid (.A) if the age in months cannot be calculated and the supplied age in months is nonnumeric. An invalid calculated AGEMONTH is not replaced by the reported age in months.
- AGEMONTH is set to inconsistent (.C) if AGEMONTH is inconsistent with neonatal diagnoses (EAGE04), or is inconsistent with maternal diagnoses/procedures (EAGE05).

Uniform Values			
Variable	**Description**	**Value**	**Value Description**
AGEMONTH	Age in months (when AGE is less than 11 years)	0-131	Months
		.	Missing
		.A	Invalid
		.C	Inconsistent: beginning with 1998 data, EAGE04, EAGE05

State Specific Notes

None

AHAID - AHA hospital identifier

General Notes

There are up to three different types of hospital identifiers included in the HCUP databases.

- The data source's own number scheme for identifying hospitals and facilities (DSHOSPID),
- The hospital identifier used by the American Hospital Association (AHAID and IDNUMBER), and
- A unique HCUP hospital identifier (HOSPID).

The hospital entity as defined by the data source may differ from the hospital entity as defined by the AHA. For example, the data source treats two separate facilities as two hospitals, while the AHA Annual Survey treats the two facilities as a single hospital, or vice versa. For consistency across states, HCUP defines hospitals in accordance with the American Hospital Association Annual Survey of Hospitals. During HCUP data processing, the data source's identification of the hospital is reconciled with the identification of the hospital in the AHA Annual Survey of Hospitals. For detailed information about this linking process, see the special report on HCUP Hospital Identifiers.

The hospital identifier (AHAID) contains the 7-digit American Hospital Association (AHA) hospital identifier that the AHA uses on their yearly AHA Annual Survey of Hospitals data files. These files contain information about hospital characteristics and are available for purchase through the AHA.

AHAID is missing for some hospitals because an AHA hospital identifier cannot be determined. Hospitals may not be registered with the AHA or the source-provided information cannot be linked to the AHA.

The data element AHAID is available in the Hospital file.

Uniform Values			
Variable	**Description**	**Value**	**Value Description**
AHAID	AHA hospital identifier	7(n)	AHA hospital identifier with a leading 6
		Blank	Missing

State Specific Notes

None

AMONTH - Admission month

Admission month (AMONTH) is derived from either the month of the admission date or the supplied admission month. A valid nonmissing month is assigned to AMONTH even if the admission year or day is invalid or missing. Therefore, it is possible to have a valid AMONTH when the admission date is invalid or missing.

If AMONTH is nonnumeric or out of range (month NE 1-12), then AMONTH is invalid (.A).

If the data source does not provide the admission month, then beginning in the 1998 data, AMONTH is not present on the HCUP files. In the 1988-1997 data, AMONTH is retained on the HCUP files and is set to unavailable from source (.B).

Uniform Values			
Variable	**Description**	**Value**	**Value Description**
AMONTH	Admission month	1-12	Admit month
		.	Missing
		.A	Invalid
		.B	Unavailable from source (coded in 1988-1997 data only)

State Specific Notes

None

ANESTH - Method of anesthesia

<table>
<tr><td colspan="4" align="center">General Notes</td></tr>
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Method of Anesthesia (ANESTH) is reported by the data source and recoded into HCUP uniform values.

<table>
<tr><td colspan="4" align="center">Uniform Values</td></tr>
<tr><td>Variable</td><td>Description</td><td>Value</td><td>Value Description</td></tr>
<tr><td>ANESTH</td><td>Method of anesthesia</td><td>0</td><td>No anesthesia</td></tr>
<tr><td></td><td></td><td>10</td><td>Local anesthesia</td></tr>
<tr><td></td><td></td><td>20</td><td>General anesthesia</td></tr>
<tr><td></td><td></td><td>30</td><td>Regional anesthesia</td></tr>
<tr><td></td><td></td><td>40</td><td>Other anesthesia</td></tr>
<tr><td></td><td></td><td>.</td><td>Missing</td></tr>
<tr><td></td><td></td><td>.A</td><td>Invalid</td></tr>
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<tr><td align="center">State Specific Notes</td></tr>
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New York

New York reports the type of anesthesia administered on the patient during the stay. If during the stay, anesthesia is administered more than once, the level of anesthesia is reported in the following hierarchical order: General, Regional, Other, and Local.

ASOURCE - Admission source, uniform coding

General Notes

ASOURCE indicates the source of the admission (emergency department; transfer from a hospital; routine, birth and other; etc.) recoded into HCUP uniform values. Routine, birth, and other (ASOURCE=5) includes referrals from physicians, clinics, and HMOs. Transfer from a hospital may include transfers within the same hospital as well as transfers between hospitals.

If the data source does not provide the admission source, then beginning in the 1998 data, ASOURCE is not present on the HCUP files. In the 1988-1997 data, ASOURCE is retained on the HCUP files and is set to unavailable from source (.B).

Beginning in the 1998 data, the data element ASOURCE_X retains the source of admission as provided by the data source.

Uniform Values			
Variable	**Description**	**Value**	**Value Description**
ASOURCE	Admission source, uniform coding	1	Emergency department
		2	Another hospital
		3	Another health facility including long term care
		4	Court/Law enforcement
		5	Routine, birth, and other
		.	Missing
		.A	Invalid
		.B	Unavailable from source (coded in 1988-1997 data only)

State Specific Notes

Colorado

Colorado			
ASOURCE_X		**ASOURCE**	
Value	**Description**	**Value**	**Description**
7	Emergency room	1	Emergency department
4	Transfer from a hospital	2	Another hospital
A	Transfer from a rural hospital		
5	Transfer from SNF	3	Other health facility including long-term care
6	Transfer from another facility		
8	Court/Law enforcement	4	Court/Law enforcement
1	Physician referral	5	Routine including births and other sources
2	Clinic referral		
3	HMO referral		
1	Normal delivery (if ATYPE=4)		
2	Premature delivery (if ATYPE=4)		
3	Sick baby (if ATYPE=4)		
4	Extramural birth (if ATYPE=4)		
9, 0, Blank	Unknown, Missing	.	Missing
Any values not documented by the data source		.A	Invalid

New Jersey

New Jersey			
ASOURCE_X		**ASOURCE**	
Value	**Description**	**Value**	**Description**
7	Emergency room	1	Emergency department
4	Transfer from an acute care hospital	2	Another hospital
A	Transfer from a rural primary care hospital		

5	Transfer from a skilled nursing facility	3	Other health facility including long-term care
6	Transfer from another health care facility		
8	Court/Law enforcement	4	Court/Law enforcement
1	Physician referral	5	Routine including births and other sources
2	Outpatient or Clinic		
3	HMO		
1	Normal birth (if ATYPE=4)		
2	Premature delivery (if ATYPE=4)		
3	Sick baby (if ATYPE=4)		
4	Extramural birth (if ATYPE=4)		
9, Blank	Unknown, Missing	0	Missing
Any values not documented by the data source		.A	Invalid

In 1995-1996, the admission source, "Transfer from a Rural Primary Care Hospital" was erroneously recoded to the HCUP uniform category "Other Facility, Including Long Term Care" (ASOURCE = 3). Beginning in 1997, the admission source "Transfer from a Rural Primary Care Hospital" was correctly recoded to the HCUP uniform category "Another Hospital" (ASOURCE = 2). This source value was not available from New Jersey prior to 1995.

Utah

Utah			
ASOURCE_X		**ASOURCE**	
Value	**Description**	**Value**	**Description**
7	Emergency room	1	Emergency department
4	Transfer from hospital	2	Another hospital
5	Transfer from a skilled nursing facility	3	Other health facility including long-term care
6	Transfer from another health care facility		
8	Court/Law enforcement	4	Court/Law enforcement
1	Physician Referral	5	

2	Clinic referral		Routine including births and other sources
3	HMO referral		
1	Normal newborn (if ATYPE=4) (This is not available in the SASD)		
2	Premature delivery (if ATYPE=4) (This is not available in the SASD)		
3	Sick baby (if ATYPE=4) (This is not available in the SASD)		
4	Extramural birth (if ATYPE=4) (This is not available in the SASD)		
0	Newborn		
9, Blank	Unknown, Missing	.	Missing
Any values not documented by the data source		.A	Invalid

SID: Admission source information was provided in two fields; one for newborns and one for all other patients. ASOURCE_X was assigned as follows:

> If a newborn record (ATYPE=4) then ASOURCE_X = the newborn admission source,

> Else ASOURCE_X = the admission source for non-newborns.

SASD: Only the non-newborn admission source was provided.

ASOURCE_X - Admission source, as received from source

General Notes

ASOURCE_X retains the source of the admission as provided by the data source. The original values have not been recoded into uniform HCUP values and are source-specific.

The data element ASOURCE indicates the source of the admission recoded into HCUP uniform values

Uniform Values			
Variable	**Description**	**Value**	**Value Description**
ASOURCE_X	Admission source, as received from source	n(a)	State specific coding - See the "State Specific Notes" section for details

State Specific Notes

Information on State specific coding for this data element is available under the "State Specific Notes" section for the data element ASOURCE.

ATYPE - Admission type

ATYPE indicates the type of admission (emergency, urgent, elective, etc.). Newborn admission types are separated only if that information is available from the data source. No edit check comparing the admission type to diagnosis or procedure codes is performed.

Because it is infrequently available from data sources, the admission type of delivery (ATYPE=5) is discontinued beginning in the 1998 data. If available, deliveries are recoded under urgent (ATYPE=2).

Uniform Values			
Variable	**Description**	**Value**	**Value Description**
ATYPE	Admission type	1	Emergency
		2	Urgent
		3	Elective
		4	Newborn
		5	Delivery (coded in 1988-1997 data only)
		6	Other
		.	Missing
		.A	Invalid
		.B	Unavailable from source (coded in 1988-1997 data only)

State Specific Notes

New Jersey

New Jersey does not separately classify deliveries. No documentation was available describing which admission type(s) were used for deliveries.

Wisconsin

Wisconsin does not separately classify deliveries. No documentation was available describing which admission type(s) were used for deliveries.

AWEEKEND - Admission day is on a weekend

An indicator of whether the admission day is on the weekend (AWEEKEND) is calculated from the admission date (ADATE). If AWEEKEND cannot be calculated (ADATE is missing or invalid), then

- AWEEKEND is missing (.) if ADATE is missing (.) or
- AWEEKEND is invalid (.A) if ADATE is invalid (.A).

Beginning in the 1998 HCUP files, the data element ADAYWK is replaced by admission weekend (AWEEKEND).

Uniform Values			
Variable	**Description**	**Value**	**Value Description**
AWEEKEND	Admission day is on a weekend	0	Admitted Monday-Friday
		1	Admitted Saturday-Sunday
		.	Missing
		.A	Invalid

State Specific Notes

New York

In the 1998-2000 data, AWEEKEND was calculated from the admission date. Because New York masked the admission dates on AIDS/HIV* records, AWEEKEND is missing (.) on these discharges.

*New York identifies AIDS/HIV records by ICD-9-CM diagnosis code or DRG:

- An admitting, principal, or secondary diagnosis of "042" "043" "044" "7958" "27910", "27919", "2793", "1363", "79571", "07951", "07952", "07953" or "V08".
- A DRG of 488 "HIV with Extensive Operating Room Procedure", 489 "HIV with Major related condition", or 490 "HIV with or without Other Related Condition".

Please note that the admitting diagnosis is not retained in the HCUP databases.

AYEAR - Admission year

Admission year (AYEAR) is derived from the admission date (ADATE). If ADATE is missing, then AYEAR is missing (.). If ADATE is invalid, then AYEAR is invalid (.A).

Uniform Values

Variable	Description	Value	Value Description
AYEAR	Admission year	yyyy	Admission year
		.	Missing
		.A	Invalid

State Specific Notes

New York

In the 1998-2000 data, admission year (AYEAR) is missing (.) on AIDS/HIV discharges. New York identifies AIDS/HIV records by ICD-9-CM diagnosis code or DRG:

- An admitting, principal, or secondary diagnosis of "042" "043" "044" "7958" "27910", "27919", "2793", "1363", "79571", "07951", "07952", "07953" or "V08".
- A DRG of 488 "HIV with Extensive Operating Room Procedure", 489 "HIV with Major related condition", or 490 "HIV with or without Other Related Condition".

Please note that the admitting diagnosis is not retained in the HCUP databases.

BMONTH - Birth month

Birth month (BMONTH) is derived from the date of birth (DOB). If DOB is missing, then BMONTH is missing (.). If DOB is invalid, then BMONTH is invalid (.A).

Uniform Values

Variable	Description	Value	Value Description
BMONTH	Birth month	1-12	Birth month
		.	Missing
		.A	Invalid

State Specific Notes

New York

In the 1998-2000 data, birth month (BMONTH) is missing (.) on AIDS/HIV discharges. New York identifies AIDS/HIV records by ICD-9-CM diagnosis code or DRG:

- An admitting, principal, or secondary diagnosis of "042" "043" "044" "7958" "27910", "27919", "2793", "1363", "79571", "07951", "07952", "07953" or "V08".
- A DRG of 488 "HIV with Extensive Operating Room Procedure", 489 "HIV with Major related condition", or 490 "HIV with or without Other Related Condition".

Please note that the admitting diagnosis is not retained in the HCUP databases.

BYEAR - Birth year

Birth year (BYEAR) is derived from the date of birth (DOB). If DOB is missing, then BYEAR is missing (.). If DOB is invalid, then BYEAR is invalid (.A).

Uniform Values

Variable	Description	Value	Value Description
BYEAR	Birth year	yyyy	Birth year
		.	Missing
		.A	Invalid

State Specific Notes

New York

In the 1998-2000 data, birth year (BYEAR) is missing (.) on AIDS/HIV discharges. New York identifies AIDS/HIV records by ICD-9-CM diagnosis code or DRG:

- An admitting, principal, or secondary diagnosis of "042" "043" "044" "7958" "27910", "27919", "2793", "1363", "79571", "07951", "07952", "07953" or "V08".
- A DRG of 488 "HIV with Extensive Operating Room Procedure", 489 "HIV with Major related condition", or 490 "HIV with or without Other Related Condition".

Please note that the admitting diagnosis is not retained in the HCUP databases.

CHGn - Detailed charges

General Notes

Detailed charges (CHGn) are retained as provided by the data source, including cents and negative values. Zero charges are retained as a zero and are NOT set to missing (.). Charges greater than $9,999,999 are set to invalid (.A). No edit checks are performed on this data element during HCUP processing.

Uniform Values			
Variable	**Description**	**Value**	**Value Description**
CHGn	Detailed charges	+/- 7(n).nn	Charges
		.	Missing
		.A	Invalid

State Specific Notes

Colorado

The charge categories for Colorado are:

CHG1	Routine Charges (UB-92 Revenue Codes 100-239)
CHG2	Laboratory Charges (UB-92 Revenue Codes 300-319)
CHG3	Radiology Charges (UB-92 Revenue Codes 320-359, 400-409, 610-619)
CHG4	Pharmacy Charges (UB-92 Revenue Codes 250-259)
CHG5	All Other Charges (All other UB-92 Revenue Codes)

Florida

Florida supplied detailed charges in 11 categories. Detailed charges had been rounded to the nearest dollar by Florida. Each charge category was assigned to a separate HCUP data element:

CHG1	Pharmacy
CHG2	Medical and Surgical Supplies
CHG3	Radiation Oncology

CHG4	Laboratory
CHG5	CT Scan
CHG6	Operating Room
CHG7	Anesthesia
CHG8	MRI
CHG9	Recovery Room
CHG10	Treatment/Observation Room *
CHG11	Other charges

* In 1997-98, CHG10 was zero on all records.

Maryland

For 1990-1992, detailed charges were reported by Maryland, but were not processed as HCUP variables.

For 1993 and 1994, 20 detailed charges are available for Maryland. Detailed charges (CHGn) are associated with the identified revenue centers (REVCDn) and the units of service (UNITn). For example, CHG1 applies to the revenue center in REVCD1 and the units of service specified in UNIT1. See Note for REVCDn for the revenue centers associated with each detailed charge in 1993-1994.

Beginning in 1995, Maryland supplied eight detailed charges, where the type of charge is explicitly linked to the charge variable. For instance, CHG3 applies to drug charges only. No revenue centers (REVCDn) or units of service (UNITn) are supplied. The following charge categories apply:

CHG1	Daily Room and Board Charges
CHG2	Operating Room Charges
CHG3	Drug Charges
CHG4	Radiology Charges
CHG5	Laboratory Charges
CHG6	Medical Supplies Charges
CHG7	Therapy Charges
CHG8	Other Charges

New Jersey

The charge categories from New Jersey are:

CHG1	Medical - Surgical Charges
CHG2	Obstetric Charges
CHG3	Pediatric Charges
CHG4	Psychiatric Charges
CHG5	Burn Care Unit Charges
CHG6	Intensive Care Unit Charges
CHG7	Coronary Care Unit Charges
CHG8	Neonatal Intensive Care Unit Charges
CHG9	Newborn Nursery Charges
CHG10	Emergency Room Charges
CHG11	Clinic Charges
CHG12	Home Health Charges
CHG13	Anesthesiology Charges
CHG14	Cardiac Catheterization Charges
CHG15	Delivery and/or Gyn Charges
CHG16	Dialysis Charges
CHG17	Drug or Pharmacy Charges
CHG18	Electrocardiogram Charges
CHG19	Laboratory Charges
CHG20	Medical Surgical Supply Charges
CHG21	Neurology Charges
CHG22	Nuclear Medicine Charges
CHG23	Occupational Therapy Charges
CHG24	Operating Room Charges
CHG25	Organ Acquisition Charges
CHG26	Physical Therapy Charges
CHG27	Psychiatric Charges
CHG28	Radiology Charges
CHG29	Respiratory Therapy Charges
CHG30	Speech Pathology Charges
CHG31	Therapeutic Radiology Charges
CHG32	Same Day Surgery Charges
CHG33	Excluded Charges
CHG34	Non-Acute Ancillary Charges
CHG35	Medicare, Part B, Non-Acute Charges

Warning: In 1995, confusion over the mapping of Uniform Billing revenue codes to Neonatal Intensive Care Unit charges (CHG8) and newborn nursery charges (CHG9) caused some hospitals to erroneously place NICU charges (CHG8) under nursery charges (CHG9). This does not affect other years.

New Jersey includes professional fees in several charge categories because professional fees are aggregated within the revenue centers and the fees cannot be separated. There is no documentation available from the data source to determine where professional fees were included.

CPTn - CPT-4/HCPCS procedures

CPT-4/HCPCS procedures code data elements (CPTn) contain the original values supplied by the data source, except that null values are set to blank. Codes are not validated and the information contained in them is not used for edit checking the consistency of patient's age and sex with procedures.

The original value of the principal CPT-4/HCPCS procedure (CPT1), whether blank or coded, is retained in the first position of the procedure vector. Starting at the first secondary procedure (CPT2), the procedures are shifted during HCUP processing to eliminate blank secondary procedures. For example, if CPT2 and CPT4 contain nonmissing procedures and CPT3 is blank, then the value of CPT4 is shifted into CPT3. Secondary procedures are never shifted into the principal position (CPT1).

Uniform Values			
Variable	**Description**	**Value**	**Value Description**
CPTn	CPT-4/HCPCS procedures	5(a)	Procedure code
		Blank	Missing

State Specific Notes

Maryland

Beginning in 1995, Maryland reports CPT procedure codes.

DCCHPRn - Clinical Classifications Software: diagnosis classification

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General Notes

Clinical Classifications Software (CCS), formerly known as Clinical Classifications for Health Policy Research (CCHPR), consists of 260 diagnosis categories. This system is based on ICD-9-CM codes. All diagnosis codes are classified. All E-codes (External Causes of Injury and Poisoning) are combined into the last category, 260.

DCCHPRn is coded as follows:

- DCCHPRn ranges from 1 to 260 if the diagnosis code (DXn) is valid by the HCUP criteria, which allows a six-month window (three months before and three months after) around the official ICD-9-CM coding changes (usually October 1), for anticipation of or lags in response to official ICD-9-CM coding changes.
- DCCHPRn is missing (.), if there is no diagnosis code (DXn = " ").
- DCCHPRn is set to invalid (.A), if the diagnosis code (DXn) is invalid (DXVn = 1).

DCCHPRn is retained (values 1-260) when a valid diagnosis is flagged as inconsistent with age or sex (DXVn = .C). For best results, use DCCHPRn only when the diagnosis is valid and consistent (DXVn = 0).

Beginning in the 1998 data, this data element is called DXCCSn.

Labels

Labels for CCS, formerly known as CCHPR, categories are provided as an ASCII file in HCUP Tools: Labels and Formats.

Formats

Formats to label CCS, formerly known as CCHPR, categories are documented in HCUP Tools: Labels and Formats. Both sixteen-and forty-character labels are available.

A format is also available to map CCS codes into a few broad classes of conditions based on ICD-9-CM chapters. These formats are also documented in HCUP Tools: Labels and Formats.

Uniform Values			
Variable	Description	Value	Value Description
DCCHPRn	Clinical Classifications Software: diagnosis classification	1-260	CCS Diagnosis Codes
		.	No diagnosis code
		.A	Invalid diagnosis code

State Specific Notes

None

DDATE - Discharge date

Discharge date (DDATE) is assigned a valid nonmissing date, with the following exceptions:

- If a discharge date is supplied by the data source, but one or more of the components of the discharge date (year, month, day) is
  - Blank or a documented missing value, then DDATE = missing (.).
  - - or -
  - Nonnumeric or out of range (year NE 00-99, month NE 1-12, day NE 1-31), DDATE = invalid (.A).
- If the discharge day is inconsistent with the month (e.g., February 30), then DDATE = invalid (.A).
- If the data source does not provide the discharge date, then beginning in the 1998 data, DDATE is not present on the HCUP files. In the 1988-1997 data, DDATE is retained on the HCUP files and is set to unavailable from source (.B).

To ensure the confidentiality of patients on the HCUP Central Distributor files, full dates are not released. Beginning in the 1998 data, DDATE is replaced by discharge month (DMONTH) and discharge year (YEAR). In databases before 1998, the day portion of the date stored in DDATE is overwritten with "01" during the creation of the Distributor files. The month and year portion of the date remains unchanged. HCUP data elements that are calculated from DDATE are computed before DDATE is masked.

Uniform Values			
Variable	**Description**	**Value**	**Value Description**
DDATE	Discharge date	YYMMDD	Date of Discharge
		.	Missing
		.A	Invalid
		.B	Unavailable from source (coded in 1988-1997 data only)

State Specific Notes

Colorado

Beginning in 1997, Colorado provided the discharge date (DDATE) with a four-digit year. In prior years, only a two-digit year was available.

New York

In the 1998-2001 data, discharge date (DDATE) is missing (.) on AIDS/HIV discharges. New York identifies AIDS/HIV records by ICD-9-CM diagnosis code or DRG:

- An admitting, principal, or secondary diagnosis of "042" "043" "044" "7958" "27910", "27919", "2793", "1363", "79571", "07951", "07952", "07953" or "V08".
- A DRG of 488 "HIV with Extensive Operating Room Procedure", 489 "HIV with Major related condition", or 490 "HIV with or without Other Related Condition".

Please note that the admitting diagnosis is not retained in the HCUP databases.

In the 1988-1997 HCUP New York databases, the data source provided discharge year and month, but did not provide the day. A day of "01" was imputed for all records. The imputed date was not used to calculate other data elements or to perform edit checks. Beginning in 1998, the complete discharge date was provided by the data source.

Utah

Please use the 1997 data for DSHOSPID="408" with caution. Based on a cursory review of the hospital's data, the following problems were identified:

- the original discharge date field was shifted by one character causing most of the reported dates to be invalid. During HCUP processing, YEAR was assigned to 97 and DQTR and DDATE were assigned using the shifted position.
- DISP was missing (DISP = .) on 74% of the discharges, and
- the median total charge (TOTCHG) was $14.

DIED - Died during hospitalization

General Notes

Died during hospitalization (DIED) is coded from disposition of patient. The HCUP data element for disposition of the patient varies across years of data.

Beginning in the 1998 data, the HCUP data element DISPUniform is used to code DIED.

- If DISPUniform indicates that a patient was discharged alive (values 1-7), then DIED is coded as 0.
- If DISPUniform indicates that a patient died in the hospital (value 20), then DIED is coded as 1.
- If DISPUniform is missing (.) or invalid (.A), then DIED is also missing (.) or invalid (.A).

Patients that died outside of the hospital are coded as missing (DISPUniform = . and DIED = .).

From 1988-1997 data, the HCUP data element DISP is used to code DIED.

- If DISP indicates that a patient was discharged alive (values 1-7), then DIED is coded as 0.
- If DISP indicates that a patient died in or out of the hospital (value 20), then DIED is coded as 1.
- If DISP is missing (.), invalid (.A), or unavailable from the source (.B), then DIED is also missing (.), invalid (.A), or unavailable from the source (.B).

Patients that died outside of the hospital are included in the same category as patients that died in the hospital (DISP = 20), so for these patients DIED is coded as 1.

In the 1998-2000 HCUP data files, missing values of DIED were erroneously set to invalid (.A).

Uniform Values			
Variable	Description	Value	Value Description
DIED	Died during hospitalization	0	Did not die
		1	Died
		.	Missing
		.A	Invalid
		.B	Unavailable from source (coded in 1988-1997 data only)

State Specific Notes

New Jersey

Prior to 1999, DIED has a constant value of '0' (did not die) for all records due to the definition of same-day surgery discharges in the New Jersey data. All patients who received same-day surgery services were discharged to home or self-care (DISPUB92 = 1 beginning in 1998, or DISP = 1 prior to 1997).

Beginning in 1998, the variable DIED is not included on the New Jersey SASD file.

DISP - Disposition of patient

DISP indicates the disposition of the patient at discharge (routine, transfer to another hospital, died, etc.). Patients that died outside of the hospital are coded as died (DISP =20).

The distinction between discharged to a skilled nursing facility (DISP = 3) and intermediate care facility (DISP = 4) may be defined differently for different data sources.

Uniform Values

Variable	Description	Value	Value Description
DISP	Disposition of patient	1	Routine
		2	Short-term hospital
		3	Skilled Nursing Facility (SNF)
		4	Intermediate Care Facility (ICF)
		5	Another type of facility
		6	Home Health Care (HHC)
		7	Against medical advice (AMA)
		20	Died
		.	Missing
		.A	Invalid
		.B	Unavailable from source (coded 1988-1997 data only)

State Specific Notes

New Jersey

DISP has a constant value for all records due to the definition of same-day surgery discharges in the New Jersey data. All patients who received same-day surgery services were discharged to home or self-care (DISP = 1).

New York

Plan of Care Completed

- Beginning in 1994, the source reports "Plan of Care Completed" as a separate category. This was recoded to the HCUP uniform category "Routine" (DISP=1).
- The source code was reassigned by New York to a new value on October 1, 1995. Due to an HCUP processing error, "Plan of Care Completed" was incorrectly mapped to the HCUP uniform category "Home Health Care" (DISP = 6) for discharges in January through September 1995.

Pre-Admission

- Beginning in 1995, the source reports "Pre-admission" as a separate category. This was recoded to the HCUP uniform category "Routine" (DISP=1).

Utah

Please use the 1997 data for DSHOSPID="408" with caution. Based on a cursory review of the hospital's data, the following problems were identified:

- the original discharge date field was shifted by one character causing most of the reported dates to be invalid. During HCUP processing, YEAR was assigned to 97 and DQTR and DDATE were assigned using the shifted position.
- DISP was missing (DISP = .) on 74% of the discharges, and
- the median total charge (TOTCHG) was $14.

DISP_X - Disposition of patient, as received from source

General Notes

DISP_X retains the disposition of patient as provided by the data source. The original values have not been recoded into uniform HCUP values and are source-specific.

Two HCUP data elements contain uniformly coded information about the disposition of the patient:

- DISPUniform has general categories for routine, hospital transfers, other transfers, Home Health Care, expired.
- DISPUB92 has more detailed categories for transfers and Home Health Care and distinguishes patients that died in the hospital from those that died outside of the hospital.

Uniform Values			
Variable	**Description**	**Value**	**Value Description**
DISP_X	Disposition of patient, as received from source	n(a)	State specific coding - See the "State Specific Notes" section for details

State Specific Notes

Information on State specific coding for this data element is available under the "State Specific Notes" section for the data element DISPUB92 or DISPUniform.

DISPUB92 - Disposition of patient, UB92 coding

General Notes

DISPUB92 indicates the disposition of the patient at discharge and uses the same coding as the patient status data element on the UB-92 claim form.

DISPUB92 has more detailed categories for transfers and Home Health Care than the HCUP data element DISPUniform. Some states do not provide enough detail in the coding of the discharge status to accurately code DISPUB92. For these states, the data element DISPUB92 is not available. DISPUniform is available for all states. DISP_X retains the disposition of patient as provided by the data source.

Uniform Values			
Variable	**Description**	**Value**	**Value Description**
DISPUB92	Disposition of patient, UB92 coding	1	Routine
		2	Short-term hospital
		3	Skilled Nursing Facility (SNF)
		4	Intermediate Care Facility (ICF)
		5	Another type of facility (for inpatient care)
		6	Home Health Care (HHC)
		7	Against medical advice (AMA)
		8	Home IV provider
		9	Admitted as an inpatient to this hospital, beginning in 2001 data. Valid only on outpatient data.
		20	Died in hospital
		40	Died at home
		41	Died in a medical facility
		42	Died, place unknown
		50	Hospice - home
		51	Hospice - medical facility
		61	Within this institution to a Medicare-approved swing bed, beginning in 2000 data

		62	Discharge, transferred to another rehabilitation facility including rehabilitation distinct part units of a hospital, beginning in 2001 data
		63	Discharge, transferred to a long term care hospital swing bed, beginning in 2001 data
		71	Another institution for outpatient services, beginning in 2000 data
		72	This institution for outpatient services, beginning in 2000 data
		99	Discharge alive, destination unknown, beginning in 2001 data
		.	Missing
		.A	Invalid

State Specific Notes

Colorado

Colorado			
DISP_X		**DISPUB92**	
Value	Description	Value	Description
01	Home/Self-Care/Routine	1	Routine
02	Short Term Hospital	2	Short-term hospital
03	SNF	3	Skilled nursing facility
04	Intermediate Care Facility	4	Intermediate care facility
05	Other Facility	5	Another type of facility
06	Home Health Service	6	Home health care
07	Left Against Medical Advice	7	Against medical advice
08	Home IV Service	8	Home IV provider
--		9	Admitted as an inpatient to this hospital, beginning in 2001 data. Valid only on

			outpatient data.
20	Expired	20	Died in the hospital
--		40	Died at home
--		41	Died in other medical facility
--		42	Died, place unknown
50	Hospice - Home	50	Hospice - home
51	Hospice - Medical Facility	51	Hospice - medical facility
--		61	Within this institution to a hospital-based Medicare approved swing bed (beginning in 2000)
--		62	Discharge, transferred to another rehabilitation facility including rehabilitation distinct part units of a hospital, beginning in 2001 data.
--		63	Discharge, transferred to a long term care hospital swing bed, beginning in 2001 data.
--		71	Another institution for outpatient services (beginning in 2000)
--		72	This institution for outpatient services (beginning in 2000)
--		99	Discharge alive, destination unknown, beginning in 2001 data.
Blank	Missing	.	Missing
Any other values		.A	Invalid
DISPUniform is coded directly from DISPUB92.			

Florida

Florida			
DISP_X		**DISPUB92**	
Value	**Description**	**Value**	**Description**
01, 1	Home	1	Routine
02, 2	Short term general hospital	2	Short-term hospital
03, 3	Skilled nursing facility	3	Skilled nursing facility
04, 4	Intermediate care facility	4	Intermediate care facility

05, 5	Another type of institution	5	Another type of facility
06, 6	Home under care of home health care organization	6	Home health care
07, 7	Left against medical advice	7	Against medical advice
08, 8	Home on IV medications	8	Home IV provider
--		9	Admitted as an inpatient to this hospital, beginning in 2001 data. Valid only on outpatient data.
20	Expired	20	Died in the hospital
--		40	Died at home
--		41	Died in other medical facility
--		42	Died, place unknown
--		50	Hospice - home
--		51	Hospice - medical facility
--		61	Within this institution to a hospital-based Medicare approved swing bed (added for 2000 data)
--		62	Another rehabilitation facility including rehabilitation distinct part units of a hospital, beginning in 2001 data.
--		63	Long term care hospital, beginning in 2001 data.
--		71	Another institution for outpatient services (added for 2000 data)
--		72	This institution for outpatient services (added for 2000 data)
--		99	Discharged alive, destination unknown, beginning in 2001 data.
Blank	Missing		
Any values not documented by the data source		.A	Invalid
DISPUniform is coded directly from DISPUB92.			

New York

New York			
DISP_X		**DISPUB92**	
Value	**Description**	**Value**	**Description**
01	Home or self care (routine)	1	Routine
90	Plan of care completed (Ambulatory Surgery data only)		
91	Pre-admission (Ambulatory Surgery data only)		
02	Another acute general hospital	2	Short-term hospital
09	Admitted as an inpatient to this hospital (valid in outpatient databases only). This recode was discontinued in data year 2000.		
10	Neonate discharged another hospital for neonatal aftercare for weight gain (Inpatient data only)		
13	Another hospital for tertiary aftercare (Inpatient data only)		
03	Skilled nursing facility	3	Skilled nursing facility
04	Intermediate care facility	4	Intermediate care facility
12	Intermediate care facility for the mentally retarded		
05	Another type of institution	5	Another type of facility
11	Short-term psychiatric, chronic hospital or long-term specialty hospital providing for psychiatric illnesses		
14	Domiciliary Care Facility (Inpatient data only)		
06	Home under care of organized home health service organization	6	Home health care
07	Left against medical advice	7	Against medical advice
08	Home under care of a Home IV provider (Inpatient data only)	8	Home IV provider
09	Admitted as an inpatient to this hospital	9	Admitted as an

	(valid in outpatient databases only). This recode began in data year 2001.		inpatient to this hospital beginning in 2001data. Valid only on outpatient data.
20	Expired	20	Died in the hospital
40	Expired at home	40	Died at home
41	Expired in a medical facility	41	Died in other medical facility
42	Expired, place unknown	42	Died, place unknown
50	Hospice - home	50	Hospice - home
51	Hospice - medical facility	51	Hospice - medical facility
61	Transfer within institution to a Medicare approved swing bed	61	Within this institution to a hospital-based Medicare approved swing bed (added for 2000 data)
62	Discharged/transferred to another type of institution for inpatient care or referred for rehabilitation services	62	Another rehabilitation facility including rehabilitation distinct part units of a hospital (beginning in 2001 data).
63	Discharged/transferred to another type of institution or referred for Long Term Care Services	63	Long term care hospital (beginning in 2001 data)
71	Discharged/transferred/referred to another institution for outpatient services as specified by the discharge plan of care	71	Another institution for outpatient services (added for 2000 data)
72	Discharged/transferred/referred to this institution for outpatient services as specified by the discharge plan of care	72	This institution for outpatient services (added for 2000 data)
--		99	Discharged alive, destination unknown, beginning in 2001 data.
Blank	Missing	.	Missing

Any values not documented by the data source	.A	Invalid

DISPUniform is coded directly from DISPUB92.

Utah

Utah				
DISP_X		**DISPUB92**		
Value	**Description**	**Value**	**Description**	
01	Discharge to home or self care (routine)	1	Routine	
02	Another short term hospital	2	Short-term hospital	
03	Skilled nursing facility	3	Skilled nursing facility	
04	Intermediate care facility	4	Intermediate care facility	
05	Another type of institution	5	Another type of facility	
06	Home under care of organized home health service organization	6	Home health care	
07	Left against medical advice	7	Against medical advice	
08	Discharged home under care of a home IV provider	8	Home IV provider	
--		9	Admitted as an inpatient to this hospital (beginning in 2001). Valid only on outpatient data.	
20	Expired	20	Died in the hospital	
40	Expired at home	40	Died at home	
41	Expired in a medical facility	41	Died in other medical facility	
42	Expired - place unknown	42	Died, place unknown	
--		50	Hospice - home	
--		51	Hospice - medical facility	
--		61	Within this institution to a hospital-	

			based Medicare approved swing bed (Beginning in 2000)
--		62	Discharge, transferred to another rehabilitation facility including rehabilitation distinct part units of a hospital, beginning in 2001 data.
--		63	Discharge, transferred to a long term care hospital swing bed, beginning in 2001 data.
--		71	Another institution for outpatient services (Beginning in 2000)
--		72	This institution for outpatient services (Beginning in 2000)
--		99	Discharge alive, destination unknown, beginning in 2001 data.
09, 00, Blank	Unknown, Missing	.	Missing
Any values not documented by the data source		.A	Invalid
DISPUniform is coded directly from DISPUB92.			

DISPUniform - Disposition of patient, uniform coding

General Notes

DISPUniform indicates the disposition of the patient at discharge (routine, transfer to another hospital, died, etc.). To ensure uniformity of coding across data sources, DISPUniform combines detailed categories in the more general groups. For example,

- Transfers to facilities other than short-term hospitals (skilled nursing facilities, intermediate care facilities, and other type of facilities) are coded as DISPUniform = 5.
- Transfers to Home Health Care (including IV providers and Hospice home care) are coded as DISPUniform = 6.

DISPUB92 has more detailed categories for transfers and Home Health Care and distinguishes patients that died in the hospital from those that died outside of the hospital. The following table lists how the values of DISPUB92 map to the values of DISPUniform:

Coding of DISPUB92 into DISPUniform			
DISPUB92		**DISPUniform**	
Value	Description	Value	Description
1	Routine	1	Routine
71	Another institution for outpatient services. *Value was added beginning in the 2000 HCUP data.*		
72	This institution for outpatient services. *Value was added beginning in the 2000 HCUP data.*		
2	Short-term Hospital	2	Transfer to Short-term Hospital
9	Admitted as an inpatient to this hospital. Valid only on outpatient data. *Value was added beginning in the 2001 HCUP data.*		
3	Skilled Nursing Facility (SNF)	5	Transfer Other: Includes Skilled Nursing Facility (SNF), Intermediate Care Facility (ICF), Another
4	Intermediate Care Facility (ICF)		
5	Another Type of Facility		
51	Hospice - Medical Facility		

61	Within this institution to a hospital-based Medicare approved swing bed. *Value was added beginning in the 2000 HCUP data.*		Type of Facility
62	Discharge, transferred to another rehabilitation facility including rehabilitation distinct part units of a hospital. *Value was added beginning in 2001 HCUP data.*		
63	Discharge, transferred to a long term care hospital swing bed. *Value was added beginning in the 2001 HCUP data.*		
6	Home Health Care (HHC)	6	Home Health Care (HHC)
8	Home IV Provider		
50	Hospice-Home		
7	Against Medical Advice (AMA)	7	Against Medical Advice (AMA)
20	Died in Hospital	20	Died
40	Died at Home. *Prior to the 2001 data, value 40 "Died at Home" was mapped to missing (.).*	99	Discharge alive, destination unknown. *Value was added beginning in the 2001 data.*
41	Died in Medical Facility. *Prior to 2001 data, value 41 "Died in Medical Facility" was mapped to missing (.).*		
42	Died, place unknown. *Prior to the 2001 data, value 42 "Died, place unknown" was mapped to missing (.).*		
99	Discharged alive, destination unknown. *Value was added beginning in the 2001 data.*		
.	Missing	.	Missing
.A	Invalid	.A	Invalid

DISP_X retains the disposition of patient as provided by the data source.

Uniform Values

Variable	Description	Value	Value Description
DISPUniform	Disposition of patient, uniform coding	1	Routine
		2	Transfer to short-term hospital
		5	Transfer other: includes Skilled Nursing Facility (SNF), Intermediate Care Facility (ICF), and another type of facility
		6	Home Health Care (HHC)
		7	Against medical advice (AMA)
		20	Died in hospital
		99	Discharged alive, destination unknown, beginning in 2001
		.	Missing
		.A	Invalid

State Specific Notes

Maryland

Maryland			
DISP_X		DISPUniform	
Value	Description	Value	Description
01	Home or self-care	1	Routine
05	Acute care general hospital	2	Transfer to short-term hospital
06	Other health care facility	5	Transfer other: includes skilled nursing facility, intermediate care facility, and other types of facility
10	Rehabilitation facility		
11	Rehabilitation unit of other hospital		
12	On-site distinct rehabilitation unit		
13	Transfer to nursing facility		

14	On-site psychiatric unit (inpatient only)		
15	On-site sub-acute unit (inpatient only)		
16	Other sub-acute care facility (inpatient only)		
03	Home health care	6	Home health care
08	Left against medical advice	7	Against medical advice
07	Died	20	Died
--		99	Discharged alive, destination unknown, beginning in 2001
09, 99, Blank	Unknown	.	Missing (includes died outside of hospital)
02	Do not use	.A	Invalid
04	Do not use		
Any values not documented by the data source			
There is not enough detail in the coding of DISP_X to code the HCUP variable DISPUB92.			

DMONTH - Discharge month

Discharge month (DMONTH) is derived from the discharge date (DDATE). If DDATE is missing, then DMONTH is missing (.). If DDATE is invalid, then DMONTH is invalid (.A).

Uniform Values			
Variable	**Description**	**Value**	**Value Description**
DMONTH	Discharge month	1-12	Discharge month
		.	Missing
		.A	Invalid

State Specific Notes

New York

In the 1998-2000 data, discharge month (DMONTH) is missing (.) on AIDS/HIV discharges. New York identifies AIDS/HIV records by ICD-9-CM diagnosis code or DRG:

- An admitting, principal, or secondary diagnosis of "042" "043" "044" "7958" "27910", "27919", "2793", "1363", "79571", "07951", "07952", "07953" or "V08".
- A DRG of 488 "HIV with Extensive Operating Room Procedure", 489 "HIV with Major related condition", or 490 "HIV with or without Other Related Condition".

Please note that the admitting diagnosis is not retained in the HCUP databases.

DNR - Do not resuscitate

<table>
<tr><td colspan="4" align="center">General Notes</td></tr>
</table>

Information concerning the Do Not Resuscitate order (DNR) is retained as provided by the data source. Nonnumeric source data are set to invalid (.A). No edit checks are performed on this data element during HCUP processing.

<table>
<tr><td colspan="4" align="center">Uniform Values</td></tr>
<tr><td>Variable</td><td>Description</td><td>Value</td><td>Value Description</td></tr>
<tr><td rowspan="4">DNR</td><td rowspan="4">Do not resuscitate</td><td>0</td><td>No "Do Not Resuscitate" order</td></tr>
<tr><td>1</td><td>"Do Not Resuscitate" order</td></tr>
<tr><td>.</td><td>Missing</td></tr>
<tr><td>.A</td><td>Invalid</td></tr>
</table>

<table>
<tr><td align="center">State Specific Notes</td></tr>
</table>

New Jersey

Source documentation indicates that "Do Not Resuscitate" (DNR) is coded when the discharge status is "expired" (DISPUB92 = 20).

DOB - Date of birth

<table>
<tr><td colspan="2" align="center">General Notes</td></tr>
</table>

DOB is assigned a valid nonmissing birthdate, with the following exceptions:

- If a date of birth is supplied by the data source, but one or more of the components of the birthdate (year, month, day) is
  - Blank or a documented missing value, then DOB = missing (.).
  - - or -
  - Nonnumeric or out of range (year NE 00-99, month NE 1-12, day NE 1-31), then DOB = invalid (.A).
- If the day of birth is inconsistent with the month (e.g., February 30), then DOB = invalid (.A).
- If the data source does not provide the date of birth, then beginning in the 1998 data, DOB is not present on the HCUP files. In the 1988-1997 data, DOB is retained on the HCUP files and is set to unavailable from source (.B).
- If the birthdate is confirmed to be a valid date, but the calculated age is negative:
  - Beginning in the 1998 data, DOB and AGE are set to inconsistent (.C) by edit check EAGE02. AGEDAY and AGEMONTH are set to missing (.).
  - From 1988-1997 data, DOB remains unchanged, and AGE and AGEDAY are set to invalid (.A). AGEMONTH is not available on the 1988-1997 HCUP databases.

To ensure the confidentiality of patients on the HCUP Central Distributor files, full dates are not released. Beginning in the 1998 data, DOB is replaced by birth month (BMONTH) and birth year (BYEAR). In databases before 1998, the day portion of the date stored in DOB is overwritten with "01" during the creation of the Distributor files. The month and year portion of the date remains unchanged. HCUP data elements that are calculated from DOB are computed before DOB is masked.

Uniform Values			
Variable	**Description**	**Value**	**Value Description**
DOB	Date of birth	YYYYMMDD	Date of Birth
		.	Missing
		.A	Invalid
		.B	Unavailable from source (coded in 1988-1997 data only)
		.C	Inconsistent: beginning with 1998 data, EAGE02

State Specific Notes

New York

In the 1998-2000 data, date of birth (DOB) is missing (.) on AIDS/HIV discharges. New York identifies AIDS/HIV records by ICD-9-CM diagnosis code or DRG:

- An admitting, principal, or secondary diagnosis of "042" "043" "044" "7958" "27910", "27919", "2793", "1363", "79571", "07951", "07952", "07953" or "V08".
- A DRG of 488 "HIV with Extensive Operating Room Procedure", 489 "HIV with Major related condition", or 490 "HIV with or without Other Related Condition".

Please note that the admitting diagnosis is not retained in the HCUP databases.

In the 1988-1997 HCUP New York databases, the data source provided birth year and month, but did not provide the day. A day of "01" was imputed for all records. The imputed date was not used to calculate other data elements or to perform edit checks. Beginning in 1998, the complete date of birth was provided by the data source.

DQTR - Discharge quarter

Discharge quarter (DQTR) is derived from either the month of the discharge date or the supplied discharge quarter. If both of those fields are invalid or missing, DQTR is set to zero. For these cases, a temporary discharge quarter = 3 was used for the DRG grouper and ICD-9-CM verification routines because these algorithms require a valid discharge quarter.

Uniform Values			
Variable	**Description**	**Value**	**Value Description**
DQTR	Discharge quarter	1	First quarter (Jan - Mar)
		2	Second quarter (Apr - Jun)
		3	Third quarter (Jul - Sep)
		4	Fourth quarter (Oct - Dec)
		0	Missing or invalid

State Specific Notes

Florida

Beginning in 1997, Florida did not supply discharge date. DQTR was assigned from the discharge quarter provided by Florida.

DSHOSPID - Data source hospital number

<table>
<tr><td colspan="4" align="center">General Notes</td></tr>
</table>

There are up to three different types of hospital identifiers included in the HCUP databases.

- The data source's own number scheme for identifying hospitals and facilities (DSHOSPID),
- The hospital identifier used by the American Hospital Association (AHAID and IDNUMBER), and
- A unique HCUP hospital identifier (HOSPID).

The hospital entity as defined by the data source may differ from the hospital entity as defined by the AHA. For example, the data source treats two separate facilities as two hospitals, while the AHA Annual Survey treats the two facilities as a single hospital, or vice versa. For consistency across states, HCUP defines hospitals in accordance with the American Hospital Association Annual Survey of Hospitals. During HCUP data processing, the data source's identification of the hospital is reconciled with the identification of the hospital in the AHA Annual Survey of Hospitals. For detailed information about this linking process, see the special report on HCUP Hospital Identifiers.

The data element DSHOSPID is available in the Core and Hospital file.

<table>
<tr><td colspan="4" align="center">Uniform Values</td></tr>
<tr><td>Variable</td><td>Description</td><td>Value</td><td>Value Description</td></tr>
<tr><td>DSHOSPID</td><td>Data source hospital number</td><td>13(a)</td><td>Data source hospital number</td></tr>
</table>

<table>
<tr><td align="center">State Specific Notes</td></tr>
</table>

Florida

The type of facility can be identified by the first 2 to 4 digits of the Florida hospital identifier stored in the HCUP data element DSHOSPID

- Hospital-based ambulatory surgery centers are identified by:
  - First four digits of DSHOSPID = "0010"
  - First four digits of DSHOSPID = "0011"
  - First four digits of DSHOSPID = "0012"

- o First two digits of DSHOSPID = "23"
- Freestanding ambulatory surgery centers are identified by:
  - o First four digits of DSHOSPID = "0000"
  - o First two digits of DSHOSPID = "14"
- Freestanding radiation therapy centers are included only until December 2002. They are identified by:
  - o First four digits of DSHOSPID ="0020"
- Freestanding cardiac catherization laboratories are identified by:
  - o First four digits of DSHOSPID = "0050"
- Freestanding lithotripsy centers are identified by:
  - o First four digits of DSHOSPID = "0052"

Beginning in 1998, hospital identifiers that were length 6 were padded with leading zeros for consistency across data types.

Maryland

In 2000, some values of DSHOSPID have leading blanks. These DSHOSPIDs need to be left justified to be consistent with discharges from the same DSHOSPID in 2000 and other years.

DSNCPT - Number of CPT/HCPCS procedure fields in this data source

General Notes

DSNCPT contains the maximum number of CPT or HCPCS procedure codes that could occur on a discharge record from that data source, as of the date of discharge. This number may change over time.

Uniform Values			
Variable	**Description**	**Value**	**Value Description**
DSNCPT	Number of CPT/HCPCS procedure fields in this data source	0 - 25	Total CPT codes possible

State Specific Notes

None

DSNDX - Maximum number of diagnoses provided by source

General Notes

DSNDX contains the maximum number of diagnosis codes that could occur on a discharge record from that data source, as of the date of discharge. This number may change over time.

Uniform Values			
Variable	**Description**	**Value**	**Value Description**
DSNDX	Maximum number of diagnoses provided by source	0 - 30	Total diagnoses possible

State Specific Notes

None

DSNPR - Maximum number of procedures provided by source

General Notes

DSNPR contains the maximum number of procedure codes that could occur on a discharge record from that data source, as of the date of discharge. This number may change over time.

Uniform Values			
Variable	Description	Value	Value Description
DSNPR	Maximum number of procedures provided by source	0 - 30	Total procedures possible

State Specific Notes

None

DSNUM - Date source identification number

General Notes

The data source number (DSNUM) is assigned in the order in which the different data sources are processed. Therefore, the first data source processed has DSNUM = 1; the second data source has DSNUM = 2, and so forth.

Uniform Values			
Variable	**Description**	**Value**	**Value Description**
DSNUM	Date source identification number	nn	Data source number

State Specific Notes

None

DSTYPE - Data source type

DSTYPE is a categorical data element that identifies whether the discharge comes from a state data organization, a hospital association, or a private data organization (e.g., consortia).

Uniform Values			
Variable	**Description**	**Value**	**Value Description**
DSTYPE	Data source type	1	State data organization
		2	Hospital association
		3	Consortia
		4	Other

State Specific Notes

None

DXn - Diagnosis

The original value of the principal diagnosis (DX1), whether blank or coded, is retained in the first position of the diagnosis vector. Starting at the first secondary diagnosis (DX2), the diagnoses are shifted during HCUP processing to eliminate blank secondary diagnoses. For example, if DX2 and DX4 contain nonmissing diagnoses and DX3 is blank, then the value of DX4 is shifted into DX3. Secondary diagnoses are never shifted into the principal position (DX1).

Diagnoses are compared to a list of ICD-9-CM codes valid for the discharge date. Anticipation of or lags in response to official ICD-9-CM coding changes are permitted for discharges occurring within a window of time around the official ICD-9-CM coding changes (usually October 1). In the 1988-1997 data, a six months window (three months before and three months after) is allowed. Beginning in the 1998 data, a year window (six months before and six months after) is allowed. For example, the code for Single Liveborn changed from "V300 " to "V3000" as of October 1, 1989. Under HCUP validation procedures, "V300 " is classified as valid for discharges on December 31, 1989, and "V3000" is classified as valid for discharges on July 1, 1989. If the diagnosis is not left justified, contains intermittent blanks, or is zero filled, then the diagnosis will be invalid.

Diagnoses are compared to the sex of the patient (EDX03 beginning in the 1998 data and ED1nn in the 1988-1997 data) and the patient's age (EAGE04 and EAGE05 beginning in the 1998 data and ED3nn and ED4nn in the 1988-1997 data) for checking the internal consistency of the record.

How invalid and inconsistent codes are handled varies by data year.

- Beginning in the 1998 data, invalid and inconsistent diagnoses are masked directly. Validity flags are not included on the HCUP record. Clinical Classifications Software (CCS) data elements are coded with respect to the diagnosis.

	Invalid Diagnosis	Inconsistent Code
The value of DXn	"invl"	"incn"
DXCCSn	Set to invalid (.A).	Set to inconsistent (.C)

- From 1988-1997 data, invalid and inconsistent diagnoses are retained on the record. Validity flags (DXVn) indicate invalid, inconsistent diagnosis codes. Clinical Classifications Software (CCS) data elements use the former name (DCCHPRn). The CCS was formerly known as the Clinical Classifications for

Health Policy Research (CCHPR). The diagnosis related data elements are coded as follows:

	Invalid Diagnosis	Inconsistent Code
The value of DXn	Unchanged	Unchanged
DXVn	Set to 1	Set to inconsistent (.C)
DCCHPRn	Set to invalid (.A).	Retained (values 1-260)

The validity flags (DXVn) need to be used in connection with any analysis of the diagnoses (DXn).

The maximum number of diagnoses reported varies by state. HCUP retains all diagnosis fields provided by the data source.

Uniform Values			
Variable	Description	Value	Value Description
DXn	Diagnosis	Annnn	Diagnosis code
		Blank	Missing
		invl	Invalid: beginning with 1998 data, EDX02
		incn	Inconsistent: beginning with 1998 data, EAGE04, EAGE05, EDX03

State Specific Notes

Maryland

Maryland reports "cause of injury" E-codes as a separate variable. During HCUP processing, this separately reported E-code was placed after the last non-missing secondary diagnosis.

Maryland supplied diagnosis codes in a field of length 7. Only the first five characters contained in the left-justified source field were used to assign the HCUP diagnosis codes.

The last secondary diagnosis field on the source data was 9-filled instead of blank when no diagnosis was coded. During HCUP processing, the 9-filled diagnosis was set to blank.

New York

The following ICD-9-CM diagnosis codes are defined by New York as invalid for ambulatory surgery discharges:

- E-Codes, and
- 541, 779.9, 803.nn, 829.0, 829.1, 959.9, V27.0-V27.9, V30.2, V31.2, V32.2, V33.2, V34.2, V35.2, V36.2, V37.2, V39.00, V39.01, V39.1, and V39.2.

Utah

Please use the data for DSHOSPID="408" with caution. Based on a cursory review of the hospital's data, the following problems were identified:

- the original discharge date field was shifted by one character causing most of the reported dates to be invalid. During HCUP processing, YEAR was assigned to 97 and DQTR and DDATE were assigned using the shifted position.
- DISP was missing (DISP = .) on 74% of the discharges, and
- the median total charge (TOTCHG) was $14.

Wisconsin

To comply with statutory requirements, Wisconsin modified diagnosis and procedure codes that explicitly referenced induced termination of pregnancy to eliminate distinctions between induced and spontaneous termination. The following codes were modified:

- Diagnoses with the first three digit of 634, 635, 636, 637, 638 were recoded to 637, while retaining the reported fourth digit,
- Procedure 6901 was changed to 6902,
- Procedure 6951 was changed to 6952,
- Procedure 6993 was changed to 6999,
- Procedure 7491 was changed to 7499,
- Procedure 750 was changed to 7599, and
- Procedures 9641-9649 were changed to 964 (which would be flagged as invalid, PRV=1).

Wisconsin reports one "cause of injury" E-code. During HCUP processing, this separately reported E-code was placed after the last non-missing secondary diagnosis.

DXCCSn - Clinical Classifications Software (CCS): diagnosis classification

General Notes

Clinical Classifications Software (CCS) consists of over 260 diagnosis categories. This system is based on ICD-9-CM codes. All diagnosis codes are classified.

DXCCSn is coded as follows:

- 1 to 259 if the diagnosis code (DXn) is valid by the HCUP criteria and not an E-code (External Causes of Injury and Poisoning). The HCUP criteria for diagnosis validation allows a year window (six months before and six months after) around the official ICD-9-CM coding changes (usually October 1), for anticipation of or lags in response to official ICD-9-CM coding changes.
- 2601-2621 if the diagnosis code (DXn) is a valid E-code by the HCUP criteria.
- DXCCSn is missing (.), if there is no diagnosis code (DXn = " ").
- DXCCSn is set to invalid (.A), if the diagnosis code (DXn) is invalid by the HCUP criteria (EDX02).
- DXCCSn is set to inconsistent (.C), if the diagnosis code (DXn) is inconsistent with age (EAGE04 and EAGE05) or sex of the patient (EDX03).

In HCUP databases before 1998, this data element is called DCCHPRn.

Labels

Labels for CCS categories are provided as an ASCII file in HCUP Tools: Labels and Formats.

Formats

Formats to label CCS categories are documented in HCUP Tools: Labels and Formats. A format is also available to map CCS codes into a few broad classes of conditions based on ICD-9-CM chapters.

Uniform Values			
Variable	**Description**	**Value**	**Value Description**
DXCCSn	Clinical Classifications Software (CCS): diagnosis classification	1-259	CCS Diagnosis Codes
		260	CCS E-code Class (1988-1997 data)
		2601-2621	CCS E-code Class (beginning with 1998 data)
		.	No diagnosis code
		.A	Invalid diagnosis code: beginning with 1998 data, EDX02
		.C	Inconsistent: beginning with 1998 data, EAGE04, EAGE05, EDX03

State Specific Notes

None

DXSYS - Diagnosis coding system

DXSYS indicates the coding system for the diagnoses. For some sources, this information was available on the data record; for others, this information came from file documentation.

Uniform Values

Variable	Description	Value	Value Description
DXSYS	Diagnosis coding system	1	ICD-9-CM
		.	Missing
		.A	Invalid

State Specific Notes

None

DXVn - Diagnosis validity flag: Diagnosis n

General Notes

DXVn are validity flags that identify invalid or inconsistent diagnosis in the data elements DXn. There is one validity flag for each diagnosis, i.e., DXV1 is the validity flag for DX1.

The following are acceptable values for DXVn:

0	indicates a valid and consistent diagnosis code.
1	indicates an invalid code for the discharge date. A six-month window around the discharge date (three months before and three months after) is allowed for anticipation of or lags in response to official ICD-9-CM coding changes.
.	indicates a missing (blank) diagnosis code.
.C	indicates that the code is inconsistent with the sex of the patient (ED1nn) or the patient's age (ED3nn or ED4nn).

Uniform Values			
Variable	**Description**	**Value**	**Value Description**
DXVn	Diagnosis validity flag: Diagnosis n	0	Valid code
		1	Invalid code
		.	No diagnosis code
		.C	Inconsistent: in 1988 to 1997, ED1nn, ED3nn, ED4nn

State Specific Notes

None

FEMALE - Indicator of sex

The sex of the patient (FEMALE) is provided by the data source. All non-male, non-female (e.g., "other") values are set to missing (.).

If FEMALE is inconsistent with diagnoses (EDX03) or procedures (EPR03), FEMALE is set to inconsistent (.C).

In HCUP databases before 1998, this data element is called SEX.

Uniform Values			
Variable	**Description**	**Value**	**Value Description**
FEMALE	Indicator of sex	0	Male
		1	Female
		.	Missing
		.A	Invalid
		.C	Inconsistent, EDX03, EPR03

State Specific Notes

Colorado

According to the documentation available from the source, "Other/Unknown" includes patients undergoing sex changes, undetermined sex, live births with congenital abnormalities, and patients whose sex was unavailable from any source document. The source value for "Other/Unknown" was recoded to missing (.), during HCUP processing of 1988-1992 discharges.

Beginning in 1993, "Other/Unknown" was recoded to invalid (.A) during HCUP processing.

Utah

The source value "E" for "Encrypted patient gender (confidential data)" is recoded to missing (FEMALE = .).

Utah encrypts the patient gender for the following two conditions:

1. Patients with the Major Diagnosis Code of "Human Immunodeficiency Virus Infection" (value 25) and
2. Diagnosis Related Groups "Alcohol/Drug Abuse or Dependence" (values 433-437).

FREESTANDING - Indicator of freestanding ambulatory surgery center

General Notes

FREESTANDING indicates whether or not an ambulatory surgery center is a freestanding or hospital-based facility. This variable is based on information provided by the data source and information provided by the AHA. A facility is considered hospital based (FREESTANDING = 0) if any one of the following is true:

- An AHA hospital identifier can be determined.
- The facility provides inpatient data to the HCUP project, but no AHA hospital identifier can be determined.
- Documentation provided by the data source clearly indicates the facility is hospital based.

An AHA hospital identifier can not always be determined for hospital-based facilities because hospitals may not be matched to the AHA.

Uniform Values			
Variable	**Description**	**Value**	**Value Description**
FREESTANDING	Indicator of freestanding ambulatory surgery center	0	Hospital-based ambulatory surgery center
		1	Freestanding ambulatory surgery center

State Specific Notes

None

HISPANIC_X - Hispanic ethnicity, as received from the source

General Notes

HISPANIC_X retains information on the Hispanic ethnicity as provided by the data source. The original values have not been recoded into uniform HCUP values and are source-specific.

Two HCUP data elements contain other information about the race of the patient:

- RACE_X retains information on the race of the patient as provided by the data source.
- RACE contains uniformly coded information about the race and ethnicity of the patient. The data element RACE should be used when analyzing race across data sources.

Uniform Values			
Variable	**Description**	**Value**	**Value Description**
HISPANIC_X	Hispanic ethnicity, as received from the source	n(a)	State specific coding - See the "State Specific Notes" section for details

State Specific Notes

Information on State specific coding for this data element is available under the "State Specific Notes" section for the data element RACE.

HOSPID - HCUP hospital identification number

There are up to three different types of hospital identifiers included in the HCUP databases.

- The data source's own number scheme for identifying hospitals and facilities (DSHOSPID),
- The hospital identifier used by the American Hospital Association (AHAID and IDNUMBER), and
- A unique HCUP hospital identifier (HOSPID).

The hospital entity as defined by the data source may differ from the hospital entity as defined by the AHA. For example, the data source treats two separate facilities as two hospitals, while the AHA Annual Survey treats the two facilities as a single hospital, or vice versa. For consistency across states, HCUP defines hospitals in accordance with the American Hospital Association Annual Survey of Hospitals. During HCUP data processing, the data source's identification of the hospital is reconciled with the identification of the hospital in the AHA Annual Survey of Hospitals. For detailed information about this linking process, see the special report on HCUP Hospital Identifiers.

The HCUP hospital identifier (HOSPID) is based on the AHA hospital identifier and is defined as:

- SSnnn, where SS = State FIPS Code, and
- nnn = hospital number unique to state.

HOSPID is missing for some hospitals because an AHA hospital identifier cannot be determined. Hospitals may not be registered with the AHA or the source-provided information cannot be matched to the AHA.

The data element HOSPID is available in the Hospital file.

Uniform Values			
Variable	**Description**	**Value**	**Value Description**
HOSPID	HCUP hospital identification number	5(n)	HCUP hospital identification number
		Blank	Missing

State Specific Notes

None

HOSPST - Hospital State postal code

HOSPST indicates the hospital's two-character state postal code (e.g., "CA" for California).

Uniform Values			
Variable	**Description**	**Value**	**Value Description**
HOSPST	Hospital State postal code	aa	Hospital State postal code

State Specific Notes

None

HOSPSTCO - Hospital modified FIPS state/county code

HOSPSTCO indicates the five-digit state and county modified FIPS code listed for that hospital in the American Hospital Association Annual Survey of Hospitals. Each hospital has only one unique state/county code. If multiple hospital units are in different counties, HOSPSTCO is the county code of the primary facility (as indicated by American Hospital Association Annual Survey information).

HOSPSTCO can be used to link HCUP data to any other data set that uses the modified FIPS county code, such as the Area Resource File and the American Hospital Association Annual Survey of Hospitals. In these modified FIPS county codes, Baltimore City is included in Baltimore County, St. Louis City in St. Louis County, and the independent cities of Virginia in the contiguous counties, Kalawao county, Hawaii is included in Maui County. The four Alaska Judicial Divisions are used as counties.

HOSPSTCO is missing for some hospitals because an AHA hospital identifier cannot be determined. Hospitals may not be registered with the AHA or the source-provided information cannot be matched to the AHA.

The data element HOSPSTCO is available in the Hospital file.

Uniform Values			
Variable	**Description**	**Value**	**Value Description**
HOSPSTCO	Hospital modified FIPS state/county code	5(n)	Hospital modified FIPS State/County code
		Blank	Missing

State Specific Notes

None

IDNUMBER - Modified AHA hospital identifier

General Notes

There are up to three different types of hospital identifiers included in the HCUP databases.

- The data source's own number scheme for identifying hospitals and facilities (DSHOSPID),
- The hospital identifier used by the American Hospital Association (AHAID and IDNUMBER), and
- A unique HCUP hospital identifier (HOSPID).

The hospital entity as defined by the data source may differ from the hospital entity as defined by the AHA. For example, the data source treats two separate facilities as two hospitals, while the AHA Annual Survey treats the two facilities as a single hospital, or vice versa. For consistency across states, HCUP defines hospitals in accordance with the American Hospital Association Annual Survey of Hospitals. During HCUP data processing, the data source's identification of the hospital is reconciled with the identification of the hospital in the AHA Annual Survey of Hospitals. For detailed information about this linking process, see the special report on HCUP Hospital Identifiers.

IDNUMBER contains the last 6 digits of the original 7-digit AHA hospital identifier because the leading "6" has been removed. The data element AHAID retains the original 7-digit value in the AHA Annual Survey of Hospitals data files. These files contain information about hospital characteristics and are available for purchase through the AHA.

IDNUMBER is missing for some hospitals because an AHA identifier cannot be determined. Hospitals may not be registered with the AHA or the source-provided information cannot be linked to the AHA.

The data element IDNUMBER is available in the Hospital file.

Uniform Values			
Variable	**Description**	**Value**	**Value Description**
IDNUMBER	Modified AHA hospital identifier	6(n)	AHA Hospital identifier without a leading 6
		Blank	Missing

None

KEY - Unique record identifier

<table>
<tr><td>General Notes</td></tr>
</table>

KEY contains a unique record identifier. Beginning in the 1998 data, all HCUP databases are sorted by KEY.

KEY can be used to link within a HCUP database, such as linking records in the Core and Charges files in the SID.

KEY can be used to link across HCUP databases within a data type, i.e., link records in the SID to records in the NIS.

KEY is a unique record identifier and not a person identifier. KEY cannot be used to link records between HCUP inpatient and ambulatory surgery files.

KEY replaces the database-specific record identifiers used in the 1988-1997 HCUP databases (SEQ, SEQ_SID, and SEQ_ASD).

Uniform Values			
Variable	**Description**	**Value**	**Value Description**
KEY	Unique record identifier	14(n)	Unique record identifier

<table>
<tr><td>State Specific Notes</td></tr>
</table>

None

LOS - Length of stay, cleaned

General Notes

Length of stay (LOS) is calculated by subtracting the admission date (ADATE) from the discharge date (DDATE). Same-day stays are therefore coded as 0. Leave days are not subtracted. Before edit checks are performed, LOS and LOS_X have the same value. If LOS is set to inconsistent (.C), the value of LOS_X is retained.

LOS is not equal to the calculated value in the following cases:

- LOS is set to the supplied length of stay if the length of stay cannot be calculated (ADATE and/or DDATE is missing or invalid). Note: If the supplied length of stay codes same-day stays as 1 or subtracts leave days, then the supplied length of stay is NOT used.
- LOS is missing (.) if the length of stay cannot be calculated and the supplied length of stay is missing.
- LOS is invalid (.A) if
    - it is greater than the maximum value allowed during HCUP processing (the maximum allowed in the 1988-1997 data is 32,767; the maximum allowed beginning in the 1998 data is 20 years)
    - - or -
    - the length of stay cannot be calculated and the supplied length of stay is nonnumeric.
- An invalid calculated LOS is not replaced by the supplied length of stay.
- If the data source does not supply either admission date (ADATE) and discharge date (DDATE), or length of stay, then beginning in the 1998 data LOS is not present on the HCUP files. In the 1988-1997 data, LOS is retained on the HCUP files and is set to unavailable from source (.B).
- LOS is inconsistent (.C) if
    - LOS is negative (ELOS03 beginning in the 1998 data and ED011 in the 1988-1997 data),
    - Excessively long (ELOS04 beginning in the 1998 data and ED601 in the 1988-1997 data), or
    - Charges per day are unjustifiably low (ED911) or high (ED921).

Edit checks ED911 and ED921 are only performed on the 1988-1997 data. No charge per day edit checks are performed on the HCUP data beginning in the 1998 data.

Uniform Values			
Variable	**Description**	**Value**	**Value Description**
LOS	Length of stay, cleaned	0 - 365	Days (In the 1988-1997 data, LOS can be greater than 365 days)
		.	Missing
		.A	Invalid
		.B	Unavailable from source (coded in 1988-1997 data only)
		.C	Inconsistent: beginning with 1998 data, ELOS03, ELOS04; in 1988-1997 data, ED011, ED601, ED911n, ED921

State Specific Notes

Colorado

The supplied length of stay was not used when LOS could not be calculated because Colorado coded same-day stays with the value of 1. Thus, LOS was always calculated using ADATE and DDATE and should be zero for most cases.

Maryland

Maryland did not supply length of stay. Admission date (ADATE) was set equal to the discharge date (DDATE) during HCUP processing, and LOS was then calculated from these dates. The calculated length of stay for all records is zero.

New Jersey

LOS has a constant value of '0' (ADATE = DDATE) for all records due to the definition of same-day surgery discharges in the New Jersey data.

New York

The assignment of LOS and LOS_X varies by year in New York:

- In the 1998-2000 data, the length of stay (LOS and LOS_X) was calculated from the admission and discharge dates. Because New York masked the admission and discharge dates on AIDS/HIV* records, LOS and LOS_X was missing (.) on these discharges.

- In the 1988-1997 data, LOS and LOS_X could not be calculated from dates because New York did not report full admission and discharge dates. The reported length of stay provided by New York did not include leave of absence days. To be consistent with the coding of length of stay in other states, the leave of absence days were added back into the reported length of stay before LOS and LOS_X was assigned.

*New York identifies AIDS/HIV records by ICD-9-CM diagnosis code or DRG:

- An admitting, principal, or secondary diagnosis of "042" "043" "044" "7958" "27910", "27919", "2793", "1363", "79571", "07951", "07952", "07953" or "V08".
- A DRG of 488 "HIV with Extensive Operating Room Procedure", 489 "HIV with Major related condition", or 490 "HIV with or without Other Related Condition".

Please note that the admitting diagnosis is not retained in the HCUP databases.

Utah

Only the calculated length of stay could be used to assign LOS because Utah did not report length of stay.

Please use the data for DSHOSPID="408" with caution. Based on a cursory review of the hospital's data, the following problems were identified:

- the original discharge date field was shifted by one character causing most of the reported dates to be invalid. During HCUP processing, YEAR was assigned to 97 and DQTR and DDATE were assigned using the shifted position.
- DISP was missing (DISP = .) on 74% of the discharges, and
- the median total charge (TOTCHG) was $14.

Wisconsin

Wisconsin did not supply length of stay. The date of principal procedure was used for the admission date and discharge date during HCUP processing, and LOS was calculated from these dates. The calculated length of stay for all records is zero.

LOS_X - Length of stay, uncleaned

General Notes

Length of stay (LOS_X) is calculated by subtracting the admission date (ADATE) from the discharge date (DDATE). Same-day stays are therefore coded as 0. Leave days are not subtracted. Before edit checks are performed, LOS and LOS_X have the same value. If LOS is set to inconsistent (.C), the value of LOS_X is retained. LOS_X may contain negative or excessively large values.

LOS_X is not equal to the calculated value in the following cases:

- LOS_X is set to the supplied length of stay if the length of stay cannot be calculated (ADATE and/or DDATE is missing or invalid). Note: If the supplied length of stay codes same-day stays as 1 or subtracts leave days, then the supplied length of stay is NOT used.
- LOS_X is missing (.) if the length of stay cannot be calculated and the supplied length of stay is missing.
- LOS_X is invalid (.A) if
    - it is greater than the maximum value allowed during HCUP processing (the maximum allowed in the 1988-1997 data is 32,767; the maximum allowed beginning in the 1998 data is 20 years)
    - - or -
    - the length of stay cannot be calculated and the supplied length of stay is nonnumeric.
- An invalid calculated LOS_X is not replaced by the supplied length of stay.
- If the data source does not supply either admission date (ADATE) and discharge date (DDATE), or length of stay, then beginning in the 1998 data LOS_X is not present on the HCUP files. In the 1988-1997 data, LOS_X is retained on the HCUP files and is set to unavailable from source (.B).

Uniform Values			
Variable	**Description**	**Value**	**Value Description**
LOS_X	Length of stay, uncleaned	+/- 7,305	Days (In the 1988-1997 data, LOS_X can be greater than 7,305 days)
		.	Missing
		.A	Invalid (nonnumeric or out of range)
		.B	Unavailable from source (coded in 1988-1997 data only)

State Specific Notes

Colorado

The supplied length of stay was not used when LOS_X could not be calculated because Colorado coded same-day stays with the value 1. Thus, LOS_X was always calculated using ADATE and DDATE and should be zero for most cases.

Maryland

Maryland did not supply length of stay. Admission date (ADATE) was set equal to the discharge date (DDATE) during HCUP processing, and LOS was then calculated from these dates. The calculated length of stay for all records is zero.

New Jersey

LOS_X has a constant value of '0' (ADATE = DDATE) for all records due to the definition of same-day surgery discharges in the New Jersey data.

New York

The assignment of LOS and LOS_X varies by year in New York:

- In the 1998-2000 data, the length of stay (LOS and LOS_X) was calculated from the admission and discharge dates. Because New York masked the admission and discharge dates on AIDS/HIV* records, LOS and LOS_X was missing (.) on these discharges.

- In the 1988-1997 data, LOS and LOS_X could not be calculated from dates because New York did not report full admission and discharge dates. The reported length of stay provided by New York did not include leave of absence days. To be consistent with the coding of length of stay in other states, the leave of absence days were added back into the reported length of stay before LOS and LOS_X was assigned.

*New York identifies AIDS/HIV records by ICD-9-CM diagnosis code or DRG:

- An admitting, principal, or secondary diagnosis of "042" "043" "044" "7958" "27910", "27919", "2793", "1363", "79571", "07951", "07952", "07953" or "V08".
- A DRG of 488 "HIV with Extensive Operating Room Procedure", 489 "HIV with Major related condition", or 490 "HIV with or without Other Related Condition".

Please note that the admitting diagnosis is not retained in the HCUP databases.

Utah

Only the calculated length of stay could be used to assign LOS_X because Utah did not report length of stay.

Please use the data for DSHOSPID="408" with caution. Based on a cursory review of the hospital's data, the following problems were identified:

- the original discharge date field was shifted by one character causing most of the reported dates to be invalid. During HCUP processing, YEAR was assigned to 97 and DQTR and DDATE were assigned using the shifted position.
- DISP was missing (DISP = .) on 74% of the discharges, and
- the median total charge (TOTCHG) was $14.

Wisconsin

Wisconsin did not supply length of stay. The date of principal procedure was used for the admission date and discharge date during HCUP processing, and LOS_X was calculated from these dates. The calculated length of stay for all records is zero.

MDID_S - Synthetic attending physician number

General Notes

Beginning in 2001, this data element is called MDNUM1_S.

MDID_S contains a fixed-key (one-to-one) encryption of the supplied attending physician number (MDID), according to the following rules:

- All alphanumeric digits are used in the encryption.
- All symbols such as ".,:;'*@" are retained in the encrypted value, but not in the same location.
- Leading zeros are encrypted so that the two original physician identifiers "000A6" and "A6" are distinctly different.
- When the original attending physician and primary surgeon identifiers are the same, the synthetic identifiers, MDID_S and SURGID_S, are the same.
- When the MDID in the ambulatory surgery data and the inpatient data are the same, the synthetic identifier, MDID_S is the same.

Except in those data sources where physician license numbers are supplied, it is not known whether the physician identifier MDID_S refers to individual physicians or to groups. If the attending physician numbers supplied by the data source are not restricted to license numbers, the state-specific note includes available information about reporting practices, including whether MDID_S refers to individual physicians or to groups.

Beginning in the 1993 data, supplied physician identifiers were checked for null characters. If null characters were found, they were replaced by blanks before the identifier was encrypted. Since this conversion was not done in prior years of HCUP data, the encrypted physician identifiers from 1993 on may not match those in earlier years. However, null characters are rarely included.

Uniform Values			
Variable	**Description**	**Value**	**Value Description**
MDID_S	Synthetic attending physician number	16(a)	Synthetic physician identifier
		Blank	Missing

State Specific Notes

Colorado

The attending physician identification number (MDID_S) may not accurately track physicians across hospitals. The state encourages hospitals to use the Professional State License Number as an identifier, but some hospitals continue to use their own internal identification number. Also, some hospitals appear to pad the Professional State License Number (a 5-digit code). Information was not available from the data source about the prevalence of these practices.

Some hospitals may use one license number for all physicians in order to protect physician confidentiality. Information was not available from the data source about the prevalence of this practice.

Florida

Florida reports state license numbers for the attending physician identifiers. During HCUP processing, physician identifiers were encrypted (MDID_S).

New Jersey

New Jersey provided state license numbers as physician identifiers for all years.

MDNUM1_S - Physician 1 number (synthetic)

General Notes

Prior to 2001, this data element is called MDID_S.

MDNUM1_S contains a fixed-key (one-to-one) encryption of the supplied physician 1 number (MDNUM1), according to the following rules:

- All alphanumeric digits are used in the encryption.
- All symbols such as ".,:;'*@" are retained in the encrypted value, but not in the same location.
- Leading zeros are encrypted so that the two original physician identifiers "000A6" and "A6" are distinctly different.
- When the original physician 1 number and physician 2 number identifiers are the same, the synthetic identifiers, MDNUM1_S and MDNUM2_S, are the same.
- When the MDNUM1 in the ambulatory surgery data and the inpatient data are the same, the synthetic identifier, MDNUM1_S is the same.

Except in those data sources where physician license numbers are supplied, it is not known whether the physician identifier MDNUM1_S refers to individual physicians or to groups. If the physician 1 numbers supplied by the data source are not restricted to license numbers, the state-specific note includes available information about reporting practices, including whether MDNUM1_S refers to individual physicians or to groups.

Beginning in the 1993 data, supplied physician 1 identifiers were checked for null characters. If null characters were found, they were replaced by blanks before the identifier was encrypted. Since this conversion was not done in prior years of HCUP data, the encrypted physician 1 identifiers from 1993 on may not match those in earlier years. However, null characters are rarely included.

Uniform Values			
Variable	**Description**	**Value**	**Value Description**
MDNUM1_S	Physician 1 number (synthetic)	16(a)	Synthetic physician identifier
		Blank	Missing

Colorado

In Colorado two types of physician identifiers are available:

1. Attending physician is provided in MDNUM1_S and
2. Physician that performed the principal procedure is provided in MDNUM2_S.

Physician identification numbers may not accurately track physicians across hospitals. The state encourages hospitals to use the Professional State License Number as an identifier, but some hospitals continue to use their own internal identification number. Also, some hospitals appear to pad the Professional State License Number (a 5-digit code). Information was not available from the data source about the prevalence of these practices.

Some hospitals may use one license number for all physicians in order to protect physician confidentiality. Information was not available from the data source about the prevalence of this practice. The provided physician identifiers are encrypted during HCUP processing.

Florida

In Florida two types of physician identifiers are available:

1. Attending physician is provided in MDNUM1_S and
2. Operating physician is provided in MDNUM2_S.

Physician identification numbers may be used to track physicians within and across hospitals. Florida reports state license numbers for the physician identifiers. During HCUP processing, physician identifiers were encrypted.

New Jersey

In New Jersey, two types of physician identifiers are available:

1. Attending physician is provided in MDNUM1_S,
2. Surgeon is provided in MDNUM2_S

New Jersey provided state license numbers as physician identifiers for all years. During HCUP processing, physician identifiers are encrypted.

MDNUM2_S - Physician 2 number (synthetic)

General Notes

Prior to 2001, this data element is called SURGID_S.

MDNUM2_S contains a fixed-key (one-to-one) encryption of the supplied physician 2 number (MDNUM2), according to the following rules:

- All alphanumeric digits are used in the encryption.
- All symbols such as ".,:;'*@" are retained in the encrypted value, but not in the same location.
- Leading zeros are encrypted so that the two original physician identifiers "000A6" and "A6" are distinctly different.
- When the original physician 1 number and physician 2 identifiers are the same, the synthetic identifiers, MDNUM1_S and MDNUM2_S, are the same.
- When the MDNUM1 in the ambulatory surgery data and the inpatient data are the same, the synthetic identifier, MDUNM2_S is the same.

Except in those data sources where physician license numbers are supplied, it is not known whether the physician identifier MDNUM2_S refers to individual physicians or to groups. If the physician 2 numbers supplied by the data source are not restricted to license numbers, the state-specific note includes available information about reporting practices, including whether MDNUM2_S refers to individual physicians or to groups.

Beginning in the 1993 data, supplied physician identifiers were checked for null characters. If null characters were found, they were replaced by blanks before the identifier was encrypted. Since this conversion was not done in prior years of HCUP data, the encrypted physician identifiers from 1993 on may not match those in earlier years. However, null characters are rarely included.

Uniform Values			
Variable	Description	Value	Value Description
MDNUM2_S	Physician 2 number (synthetic)	16(a)	Synthetic physician identifier
		Blank	Missing

State Specific Notes

Colorado

In Colorado two types of physician identifiers are available:

1. Attending physician is provided in MDNUM1_S and
2. Physician that performed the principal procedure is provided in MDNUM2_S.

Physician identification numbers may not accurately track physicians across hospitals. The state encourages hospitals to use the Professional State License Number as an identifier, but some hospitals continue to use their own internal identification number. Also, some hospitals appear to pad the Professional State License Number (a 5-digit code). Information was not available from the data source about the prevalence of these practices.

Some hospitals may use one license number for all physicians in order to protect physician confidentiality. Information was not available from the data source about the prevalence of this practice. The provided physician identifiers are encrypted during HCUP processing.

Florida

In Florida two types of physician identifiers are available:

1. Attending physician is provided in MDNUM1_S and
2. Operating physician is provided in MDNUM2_S.

Physician identification numbers may be used to track physicians within and across hospitals. Florida reports state license numbers for the physician identifiers. During HCUP processing, physician identifiers were encrypted.

Maryland

In Maryland, two types of physician identifiers are available:

1. Attending physician is provided in MDNUM1_S and
2. Operating physician is provided in MDNUM2_S.

Physician identification numbers can be used to track physicians within and across hospitals. Maryland reports a state license number assigned by the Medical Chirurgical Faculty of Maryland (MED CHI). Source documentation describes strict assignment and verification rules for this field. The provided physician identifiers are encrypted during HCUP processing.

New Jersey

In New Jersey, two types of physician identifiers are available:

1. Attending physician is provided in MDNUM1_S,
2. Surgeon is provided in MDNUM2_S

New Jersey provided state license numbers as physician identifiers for all years. During HCUP processing, physician identifiers are encrypted.

New York

In New York, three types of physician identifiers are available:

1. Attending physician is provided in MDNUM1_S,
2. Operating physician is provided in MDNUM2_S, and
3. Other physician is provided in MDNUM3_S.

Physician identification numbers can be used to track physicians within and across hospitals. New York reports state license numbers as physician identifiers. Source documentation indicates that if the reported physician number did not possess a valid New York state license number, the license number of the Chief of Service should have been reported.

New York does not limit this field to physicians; dentists, podiatrists, psychologists, nurse/midwives, and other licensed health care professionals may be included. It is impossible to identify the different types of providers in the HCUP data.

The provided physician identifiers are encrypted during HCUP processing.

In the 1998-2000 data, physician identifiers are missing (" ") on discharges with an indication of an induced abortion. New York identifies an indication of induced abortion by ICD-9-CM diagnosis or procedure code:

- An admitting, principal, or secondary diagnosis of "6350" through "6399", or "7796".
- A principal or secondary procedure of "690", "695", "696", "6993", "738", "7491", "750", "751", or "9649".

Please note that the admitting diagnosis is not retained in the HCUP databases.

MDSPEC - Attending physician specialty, as received from source

<table>
<tr><td align="center">General Notes</td></tr>
</table>

Beginning in 2001, this data element is called MDSPEC1.

The attending physician's specialty (MDSPEC) is retained as provided by the data source. The original values have not been recoded into uniform HCUP values and are source-specific.

<table>
<tr><td colspan="4" align="center">Uniform Values</td></tr>
<tr><td>Variable</td><td>Description</td><td>Value</td><td>Value Description</td></tr>
<tr><td>MDSPEC</td><td>Attending physician specialty, as received from source</td><td>n(a)</td><td>State specific coding - See the "State Specific Notes" section for details</td></tr>
</table>

<table>
<tr><td align="center">State Specific Notes</td></tr>
</table>

New Jersey

The length of MDSPEC is character 1.

In New Jersey, MDSPEC is coded as follows:

Source Value	Description
1	Medical (includes General and Family Practice)
2	Surgical
3	Obstetric
4	Gynecology
5	Pediatric
6	Newborn Pediatric
7	Psychiatric
8	Orthopedic
9	Dental

MDSPEC2 - Physician 2 specialty, as received from source

Prior to 2001, this data element is called SURGSPEC.

The physician 2 specialty (MDSPEC2) is retained as provided by the data source. The original values have not been recoded into uniform HCUP values and are source-specific.

Uniform Values

Variable	Description	Value	Value Description
MDSPEC2	Physician 2 specialty, as received from source	n(a)	State specific coding - See the "State Specific Notes" section for details

State Specific Notes

None

MRN_S - Synthetic medical record number

General Notes

MRN_S is specific to patients (persons) so that multiple admissions by the same patient to a single institution can be linked. MRN_S does not allow linkage of persons across institutions.

MRN_S should not be used for analyses without first consulting summary statistics on:

- Frequencies of the number of discharges per nonmissing MRN_S, by hospital, and
- Hospital-level counts of the number of unique nonmissing MRN_Ss, the number of discharges associated with these MRN_Ss, the ratio of these two numbers (discharges/person), and the number of discharges without a MRN_S.

MRN_S contains a fixed-key (one-to-one) encryption of the supplied medical record number (MRN), according to the following rules:

- All alphanumeric digits are used in the encryption.
- All symbols such as ".,:;'*@" are retained in the encrypted value but not in the same location.
- Leading zeros are retained. If a hospital codes the same medical record number inconsistently (sometimes with leading zeros and sometimes with leading blanks), the HCUP medical record numbers are different.
- When the MRN in the ambulatory surgery data and the inpatient data are the same, the synthetic identifier, MRN_S is the same.

Beginning in the 1993 data, the medical record numbers were checked for null characters. If null characters were found, they were replaced by blanks before the number was encrypted. Since this conversion was not done in prior years of HCUP data, the encrypted medical record numbers from 1993 on may not match those in earlier years. However, null characters are rarely included.

Uniform Values			
Variable	**Description**	**Value**	**Value Description**
MRN_S	Synthetic medical record number	17(a)	Synthetic medical record number
		Blank	Missing

State Specific Notes

Maryland

Beginning in 1995, Maryland supplied an encrypted Medical Record Number. During HCUP processing, this encrypted identifier was assigned to MRN and re-encrypted for MRN_S. Beginning in 1995, MRN_S cannot be matched to MRN_S for earlier years.

NCPT - Number of CPT/HCPCS procedures for this discharge

General Notes

NCPT indicates the total number of CPT or HCPCS procedures (valid and invalid) coded on the discharge record. In assigning NCPT, the principal CPT procedure is included in the count, even if it is blank, so long as there is a secondary CPT procedure present (see table below).

Value	Description
0	No CPT or HCPCS procedures are coded on the record.
1	Only the principal procedure (CPT1) is coded. All secondary procedures are blank.
2	One secondary procedure (CPT2) is coded. The principal procedure (CPT1) may be coded or blank.
3	The second and third procedures (CPT2 and CPT3) are coded. The principal procedure (CPT1) may be coded or blank.
etc.	

Uniform Values			
Variable	Description	Value	Value Description
NCPT	Number of CPT/HCPCS procedures for this discharge	0 - 25	Number of procedures

State Specific Notes

None

NDX - Number of diagnoses on this discharge

NDX indicates the total number of diagnoses (valid and invalid) coded on the discharge record. In assigning NDX, the principal diagnosis is included in the count, even if it is blank, so long as there is a secondary diagnosis present (see table below).

Value	Description
0	No diagnoses are coded on the record.
1	Only the principal diagnosis (DX1) is coded. All secondary diagnoses are blank.
2	One secondary diagnosis (DX2) is coded. The principal diagnosis (DX1) may be coded or blank.
3	The second and third diagnoses (DX2 and DX3) are coded. The principal diagnosis (DX1) may be coded or blank.
etc.	

Uniform Values

Variable	Description	Value	Value Description
NDX	Number of diagnoses on this discharge	0 - 30	Number of diagnoses

State Specific Notes

None

NEOMAT - Neonatal and/or maternal DX and/or PR

General Notes

NEOMAT identifies discharges with neonatal and/or maternal diagnoses and procedures.

Uniform Values			
Variable	Description	Value	Value Description
NEOMAT	Neonatal and/or maternal DX and/or PR	0	No neonatal or maternal diagnosis or procedure on record
		1	Maternal diagnosis or procedure on record
		2	Neonatal diagnosis on record
		3	Neonatal diagnosis and maternal diagnoses or procedures on the same record

State Specific Notes

Florida

NEOMAT is typically determined by diagnosis and procedure screens that identify maternal and neonatal ICD-9-CM codes. Prior to 1999, NEOMAT could only be assigned using diagnoses because Florida did not provide ICD-9-CM procedure codes.

NPR - Number of procedures on this discharge

General Notes

NPR indicates the total number of ICD-9-CM procedures (valid and invalid) coded on the discharge record. In assigning NPR, the principal procedure is included in the count, even if it is blank, so long as there is a secondary procedure present (see table below).

Value	Description
0	No procedures are coded on the record.
1	Only the principal procedure (PR1) is coded. All secondary procedures are blank.
2	One secondary procedure (PR2) is coded. The principal procedure (PR1) may be coded or blank.
3	The second and third procedures (PR2 and PR3) are coded. The principal procedure (PR1) may be coded or blank.
etc.	

Uniform Values			
Variable	Description	Value	Value Description
NPR	Number of procedures on this discharge	0 - 30	Number of procedures

State Specific Notes

None

ORTIME - Operating room time

General Notes

The time in the operating room (ORTIME) is retained as provided by the data source. Nonnumeric source data are set to invalid (.A). The reported time is exclusive of pre-operative and post-operative time.

Uniform Values			
Variable	**Description**	**Value**	**Value Description**
ORTIME	Operating room time	4(n)	Minutes
		.	Missing
		.A	Invalid
		.B	Unavailable from source (coded in 1988-1997 data only)

State Specific Notes

New York

New York defines operating room time as the total time actually in the operating room exclusive of pre-operative (preparation) and post-operative (recovery) time.

If the operating room time was greater than 10 hours, New York reported the total time as 9 hours and 59 minutes (ORTIME = 599 minutes).

PAY1 - Expected primary payer, uniform

General Notes

PAY1 indicates the expected primary payer (Medicare, Medicaid, private insurance, etc.). To ensure uniformity of coding across data sources, PAY1 combines detailed categories in the more general groups. For example,

- Medicare includes both fee-for-service and managed care Medicare patients.
- Medicaid includes both fee-for-service and managed care Medicaid patients.
- Private insurance (PAY1 = 3) includes Blue Cross, commercial carriers, and private HMOs and PPOs.
- Other (PAY1 = 6) includes Worker's Compensation, CHAMPUS, CHAMPVA, Title V, and other government programs.

In the 1988-1997 data, the data element PAY1_N provides more detailed categories for private insurance and other payers. This data element is discontinued beginning in the 1998 data because of the difficulty of coding the information uniformly across States.

The HCUP data element PAY1_X retains the expected primary payer as provided by the data source. The State Specific Notes for PAY1 include information on how the source values contained in the PAY1_X are recoded into the HCUP uniform values of PAY1.

If information on secondary or tertiary payers is provided by the data source, the coding of the associated HCUP variables (PAY2, PAY2_X, and PAY3_X) is included under the State Specific Notes for PAY1.

Uniform Values			
Variable	**Description**	**Value**	**Value Description**
PAY1	Expected primary payer, uniform	1	Medicare
		2	Medicaid
		3	Private insurance
		4	Self-pay
		5	No charge
		6	Other
		.	Missing
		.A	Invalid
		.B	Unavailable from source (coded in 1988-1997 data only)

Colorado

Colorado				
(Valid beginning in 1998)				
PAY1_X			**PAY1**	
Value	**Description**	**Value**	**Description**	
04	Medicare	1	Medicare	
05	Medicaid	2	Medicaid	
01	Blue Cross/Blue Shield	3	Private insurance	
02	Commercial Ins/Indemnity Plans/Self Insured	3	Private Insurance	
03	Other Liability Ins/No Fault/Casualty	3	Private Insurance	
08	HMO-PPO/Managed Care/Discounted	3	Private Insurance	
12	Self-Pay	4	Self-pay	
13	No Charge/Charity Research	5	No charge	
06	Worker's Comp	6	Other	
09	CHAMPUS			
11	Other Government			
14	Other			
15	Colorado Medically Indigent			
00, Blank	Missing	.	Missing	
Any other values		.A	Invalid	

Colorado				
(Valid from 1993-1997)				
PAY1_X			**PAY1**	
Value	**Description**	**Value**	**Description**	
04	Medicare	1	Medicare	

05	Medicaid	2	Medicaid
01	Blue Cross/Blue Shield	3	Private insurance
02, 03	Commercial insurance/Indemnity plans/Self-insured; Other liability insurance/No fault/ Casualty		
08	HMO-PPO/Managed Care/Discounted		
12	Self-Pay	4	Self-pay
13	No Charge/Charity/Research	5	No charge
06	Workers' Comp	6	Other
09	CHAMPUS		
11, 15	Other government; Colorado Medically Indigent		
14	1993-1996: Other		
Blank	Unknown	.	Missing
00	Starting in 1996: Missing	.	Missing
Other Values		.A	Invalid

Florida

Florida			
(Valid beginning in 1998)			
PAY1_X		PAY1	
Value	Description	Value	Description
A	Medicare	1	Medicare
B	Medicare HMO	1	Medicare
C	Medicaid	2	Medicaid
D	Medicaid HMO	2	Medicaid
E	Commercial Insurance	3	Private Insurance
F	Commercial HMO	3	Private Insurance
G	Commercial PPO	3	Private Insurance
L	Self pay/Under-insured (No third party	4	Self-pay

	coverage or less than 30% estimated insurance coverage)		
N	Charity	5	No charge
H	Worker's Compensation		
I	Champus		
J	VA	6	Other
K	Other State/Local Government		
M	Other		
Blank	Missing	.	Missing
Any values not documented by the data source		.A	Invalid

Florida			
(Valid for 1997)			
PAY1_X		PAY1	
Value	Description	Value	Description
A, B	Medicare, Medicare HMO	1	Medicare
C, D	Medicaid, Medicaid HMO	2	Medicaid
E, G	Commercial insurance (includes self-insured and Blue Cross/Blue Shield); Commercial PPO	3	Private Insurance
F	Commercial HMO		
L	Self-pay, charity, underinsured	4	Self-pay
N	Charity	5	No charge
H	Workers' Compensation		
I, J	CHAMPUS; VA	6	Other
K	Other state/local government		
M	Other		
Blank		.	Missing
Other values		.A	Missing

Maryland

Maryland			
(Valid beginning in 1998)			
PAY1_X and PAY2_X		**PAY1 and PAY2**	
Value	**Description**	**Value**	**Description**
01	Medicare	1	Medicare
15	Medicare HMO (payer specified in PAYER1_X/PAYER2_X)	1	Medicare
02	Medicaid	2	Medicaid
14	Medicaid HMO (payer specified in PAYER1_X/PAYER2_X)	2	Medicaid
04	Blue Cross of MD	3	Private Insurance
16	Blue Cross of the National Capital Area (HMO)	3	Private Insurance
17	Blue Cross (other state)	3	Private Insurance
05	Commercial/PPO	3	Private Insurance
12	Managed Care (payer specified in PAYER1_X/ PAYER2_X)	3	Private Insurance
08	Self-pay	4	Self-pay
09	Charity - no charge	5	No charge
03	Title V	6	Other
06	Other government program		
07	Worker's Compensation		
10	Other		
11	Donor		
77	Not Applicable (Secondary payer only)	.	Missing
99	Unknown		
Blank	Missing		
13	Do not use	.A	Invalid
Any values not documented by the data source			

Maryland			
(Valid from 1996-1997)			
PAY1_X and PAY2_X		**PAY1 and PAY2**	
Value	**Description**	**Value**	**Description**
1, 15	Medicare; Medicare HMO	1	Medicare
2,14	Medicaid; Medicaid HMO	2	Medicaid
4, 16, 17	Blue Cross; Blue Cross NCA; Blue Cross - other State	3	Private Insurance
5	Commercial Insurance		
12	HMO		
8	Self-pay	4	Self-pay
9	Charity	5	No charge
3	Title V	6	Other
7	Workers' Compensation		
6	Other government program		
10, 11	Other; Donor		
99, blank	**Primary Payer** Unknown; missing	.	Missing
99, 77, blank	**Secondary Payer** Unknown; not applicable; missing	.	Missing
Other Values		.A	Invalid

New Jersey

New Jersey			
(Valid beginning 1998)			
PAY1_X and PAY2_X and PAY3_X		**PAY1 and PAY2**	
Value	**Description**	**Value**	**Description**
011	Title XVII (Medicare) Part A	1	Medicare
015	Title XVII (Medicare) Part B	1	Medicare
017	Title XVII (Medicare) Part B - Physician Charges	1	Medicare
012	Title XIX (Medicaid)	2	Medicaid
010	Blue Cross Plan: Alabama	3	Private Insurance
020	Blue Cross Plan: Arkansas	3	Private Insurance

022	Blue Cross Plan: New Jersey - FEP	3	Private Insurance
025	Blue Cross Plan: New Jersey - Garden State	3	Private Insurance
026	Blue Cross Plan: New Jersey - Host	3	Private Insurance
029	Blue Cross Plan: Other Blue Cross	3	Private Insurance
030	Blue Cross Plan: Arizona	3	Private Insurance
040	Blue Cross Plan: California - all other groups	3	Private Insurance
041	Blue Cross Plan: Oakland (CA) (1994 only)	3	Private Insurance
042	Blue Cross Plan: San Francisco (CA) (1994 only)	3	Private Insurance
050	Blue Cross Plan: Colorado	3	Private Insurance
060	Blue Cross Plan: Connecticut	3	Private Insurance
070	Blue Cross Plan: Delaware	3	Private Insurance
080	Blue Cross Plan: District of Columbia	3	Private Insurance
090	Blue Cross Plan: Florida	3	Private Insurance
100	Blue Cross Plan: Columbus (GA) (1994 only)	3	Private Insurance
101	Blue Cross Plan: Georgia - all other groups	3	Private Insurance
110	Blue Cross Plan: Idaho	3	Private Insurance
121	Blue Cross Plan: Illinois	3	Private Insurance
130	Blue Cross Plan: Indiana	3	Private Insurance
140	Blue Cross Plan: Iowa - all other groups	3	Private Insurance
141	Blue Cross Plan: Sioux City (IA) (1994 only)	3	Private Insurance

150	Blue Cross Plan: Kansas	3	Private Insurance
160	Blue Cross Plan: Kentucky	3	Private Insurance
170	Blue Cross Plan: Louisiana	3	Private Insurance
180	Blue Cross Plan: Maine	3	Private Insurance
190	Blue Cross Plan: Maryland	3	Private Insurance
200	Blue Cross Plan: Massachusetts	3	Private Insurance
210	Blue Cross Plan: Michigan	3	Private Insurance
220	Blue Cross Plan: Minnesota	3	Private Insurance
230	Blue Cross Plan: Mississippi	3	Private Insurance
240	Blue Cross Plan: Missouri - Kansas City	3	Private Insurance
241	Blue Cross Plan: Missouri - St. Louis	3	Private Insurance
250	Blue Cross Plan: Montana	3	Private Insurance
260	Blue Cross Plan: Nebraska	3	Private Insurance
265	Blue Cross Plan: Nevada	3	Private Insurance
270	Blue Cross Plan: New Hampshire	3	Private Insurance
280	Blue Cross Plan: New Jersey - all other groups	3	Private Insurance
281	Blue Cross Plan: New Jersey - Non-Group Line of Business	3	Private Insurance
290	Blue Cross Plan: New Mexico	3	Private Insurance
300	Blue Cross Plan: Albany (NY) (1994 only)	3	Private Insurance
301	Blue Cross Plan: New York - Buffalo	3	Private Insurance

303	Blue Cross Plan: New York - New York	3	Private Insurance
304	Blue Cross Plan: New York - Rochester	3	Private Insurance
305	Blue Cross Plan: New York - Syracuse	3	Private Insurance
306	Blue Cross Plan: New York - Utica	3	Private Insurance
307	Blue Cross Plan: Watertown (NY) (1994 only)	3	Private Insurance
308	Blue Cross Plan: Part A only (NY) (1994 only)	3	Private Insurance
310	Blue Cross Plan: North Carolina	3	Private Insurance
320	Blue Cross Plan: North Dakota	3	Private Insurance
331	Blue Cross Plan: Canton (OH) (1994 only)	3	Private Insurance
332	Blue Cross Plan: Ohio - Cincinnati	3	Private Insurance
333	Blue Cross Plan: Ohio - Cleveland	3	Private Insurance
334	Blue Cross Plan: Columbus (OH) (1994 only)	3	Private Insurance
335	Blue Cross Plan: Lima (OH) (1994 only)	3	Private Insurance
337	Blue Cross Plan: Toledo (OH) (1994 only)	3	Private Insurance
338	Blue Cross Plan: Youngstown (OH) (1994 only)	3	Private Insurance
340	Blue Cross Plan: Oklahoma	3	Private Insurance
350	Blue Cross Plan: Oregon	3	Private Insurance
351	Blue Cross Plan: Portland	3	Private Insurance
360	Blue Cross Plan: Allentown (PA) (1994 only)	3	Private Insurance
361	Blue Cross plan: Pennsylvania - Harrisburg	3	Private Insurance

362	Blue Cross Plan: Pennsylvania - Philadelphia	3	Private Insurance
363	Blue Cross plan: Pennsylvania - Pittsburgh	3	Private Insurance
364	Blue Cross plan: Pennsylvania - Wilkes-Barre	3	Private Insurance
370	Blue Cross plan: Rhode Island	3	Private Insurance
380	Blue Cross plan: South Carolina	3	Private Insurance
390	Blue Cross Plan: Tennessee - Chattanooga	3	Private Insurance
392	Blue Cross Plan: Tennessee - Memphis	3	Private Insurance
400	Blue Cross plan: Texas	3	Private Insurance
410	Blue Cross plan: Utah	3	Private Insurance
415	Blue Cross plan: Vermont	3	Private Insurance
423	Blue Cross plan: Virginia - all other groups	3	Private Insurance
424	Blue Cross Plan: Roanoke (VA) (1994 only)	3	Private Insurance
430	Blue Cross Plan: Alaska/Washington	3	Private Insurance
441	Blue Cross Plan: Charleston (WV) (1994 only)	3	Private Insurance
443	Blue Cross Plan: West Virginia - all other groups	3	Private Insurance
444	Blue Cross Plan: Wheeling (WV) (1994 only)	3	Private Insurance
450	Blue Cross Plan: Wisconsin	3	Private Insurance
460	Blue Cross Plan: Wyoming	3	Private Insurance
470	Blue Cross Plan: Puerto Rico	3	Private Insurance
471	Blue Cross Plan: Hawaii - all other groups	3	Private Insurance

865	Blue Cross Plan: Pennsylvania - Camp Hill (effective 1/95)	3	Private Insurance
932	Blue Cross Plan: Seattle (WA/AK) (1994 only)	3	Private Insurance
936	Blue Cross Plan: Spokane (WA/AK) (1994 only)	3	Private Insurance
971	Blue Cross Plan: Blue Shield (HI) (1994 only)	3	Private Insurance
105	Commercial: Aetna	3	Private Insurance
106	Commercial: NJ Carpenter's Health Fund	3	Private Insurance
107	Commercial: AARP (effective 4/95)	3	Private Insurance
115	Commercial: Connecticut General	3	Private Insurance
120	Commercial: Continental Assurance	3	Private Insurance
125	Commercial: Equitable	3	Private Insurance
131	Commercial: Guardian Life	3	Private Insurance
135	Commercial: Intercontinental	3	Private Insurance
142	Commercial: John Hancock	3	Private Insurance
145	Commercial: Massachusetts Mutual	3	Private Insurance
151	Commercial: Metropolitan Life	3	Private Insurance
155	Commercial: Mutual of Omaha	3	Private Insurance
161	Commercial: New York Life	3	Private Insurance
165	Commercial: Provident Alliance	3	Private Insurance
171	Commercial: Prudential	3	Private Insurance
175	Commercial: Travelers	3	Private Insurance

181	Commercial: Washington National Insurance	3	Private Insurance
185	Commercial: New Jersey Auto Dealers Association	3	Private Insurance
186	Commercial: Allstate	3	Private Insurance
187	Commercial: Mutual Life of New York	3	Private Insurance
188	Commercial: National Association of Letter Carriers	3	Private Insurance
189	Commercial: Local Union Insurance	3	Private Insurance
191	Commercial: Lincoln National	3	Private Insurance
192	Commercial: New Jersey Turnpike Authority	3	Private Insurance
193	Commercial: Rasmussen	3	Private Insurance
194	Commercial: Inter County Health Plan	3	Private Insurance
195	Commercial: American Postal Workers	3	Private Insurance
196	Commercial: Leader Administrators	3	Private Insurance
197	Commercial: Fred S. James (James Benefit)	3	Private Insurance
198	Commercial: Mail Handlers Benefit Plan	3	Private Insurance
199	Commercial: Other Commercial Insurance	3	Private Insurance
032	HMO: Americaid Inc. (effective 11/96)	3	Private Insurance
033	HMO: American Preferred Provider Plan, Inc. (effective 11/96)	3	Private Insurance
034	HMO: United Health Care (Effective 8/96)	3	Private Insurance
035	HMO: MEDI-Group, Inc. (HMO Blue) (effective 11/95)	3	Private Insurance
036	HMO: Principal HMO (Effective 8/97)	3	Private Insurance

037	HMO: Mission Health Plans (effective 8/97)	3	Private Insurance
043	HMO: Crossroads Health Plan (1994 only)	3	Private Insurance
044	HMO: Cumberland Regional Health Plan (1994 only)	3	Private Insurance
045	HMO: HIP of NJ	3	Private Insurance
046	HMO: HIP of Greater NJ (1994 only)	3	Private Insurance
047	HMO: HMO Blue (Medigroup Central)	3	Private Insurance
048	HMO: HMO of PA-NJ (US Healthcare) & (AETNA Health Plans of NJ, Inc.)	3	Private Insurance
049	HMO: Rutgers Community Health Plan (1994 only)	3	Private Insurance
051	HMO: Southern Inter-County Med Assn (1994 only)	3	Private Insurance
052	HMO: Valley Health Plan (1994 only)	3	Private Insurance
053	HMO: AETNA Health Plans of New Jersey, Inc. (discontinued 6/98)	3	Private Insurance
054	HMO: HMO of NJ (1994 only)	3	Private Insurance
055	HMO: Omni Care (1994 only)	3	Private Insurance
056	HMO: CIGNA HealthCare of Northern NJ, Inc.	3	Private Insurance
057	HMO: Bergen County IPA (1994 only)	3	Private Insurance
058	HMO: PruCare of NJ	3	Private Insurance
059	HMO: Other HMO	3	Private Insurance
061	HMO: MetraHealth Care Plan of Upstate New York (discontinued 6/98)	3	Private Insurance
062	HMO: Garden State Health Plan (discontinued 6/98)	3	Private Insurance
063	HMO: HMO of PA (1994 only)	3	Private Insurance

064	HMO: PruCare (1994 only)	3	Private Insurance
065	HMO: MAXICARE (1994 only)	3	Private Insurance
066	HMO: HMO Blue (Medigroup Metro) (discontinued 6/98)	3	Private Insurance
067	HMO: HMO Blue (Medigroup North) (discontinued 6/98)	3	Private Insurance
068	HMO: HMO Blue (Medigroup South) (discontinued 6/98)	3	Private Insurance
069	HMO: HMO Blue (Medigroup Shoreline) (discontinued 6/98)	3	Private Insurance
071	HMO: MetraHealth Care Plan of NJ (discontinued 6/98)	3	Private Insurance
072	HMO: Oxford Health Plan	3	Private Insurance
073	HMO: NYL Care Health Plans of NJ, Inc.	3	Private Insurance
074	HMO: CIGNA Health Care of NJ., Inc. South	3	Private Insurance
075	HMO: Corporate Health Administrators (1994 only)	3	Private Insurance
077	HMO: QUALMED/Greater Atlantic Health Services	3	Private Insurance
078	HMO: Amerihealth HMO, Inc.	3	Private Insurance
081	HMO: Atlanticare Health Plan (effective 11/96)	3	Private Insurance
082	HMO: ChubbHealth Plan (discontinued 6/98)	3	Private Insurance
083	HMO: Community Health Care and Development Corp (discontinued 6/98)	3	Private Insurance
084	HMO: First Option Health Plan (effective 11/96)	3	Private Insurance
085	HMO: Harmony Health Plan (discontinued 6/98)	3	Private Insurance
086	HMO: HMO Blue (Blue Cross/Blue Shield of New Jersey) (discontinued 6/98)	3	Private Insurance
087	HMO: Liberty Health Plan (effective 11/96)	3	Private Insurance

088	HMO: Managed Health Care Systems of New Jersey, Inc. (effective 11/96)	3	Private Insurance
089	HMO: Physician Health Care Plan of New Jersey (discontinued 6/98)	3	Private Insurance
094	HMO: Physician Health Services of New Jersey, Inc. (effective 11/96)	3	Private Insurance
097	HMO: University Health Plans, Inc. (effective 11/96)	3	Private Insurance
076	Miscellaneous: Premier Preferred Care of New Jersey	3	Private Insurance
091	Miscellaneous: Union Insurance	3	Private Insurance
093	Miscellaneous: MAGNET (Magna Care) (effective 1/95)	3	Private Insurance
096	Miscellaneous: QualCare (effective 1/95)	3	Private Insurance
309	No Fault: Allstate	3	Private Insurance
311	No Fault: New Jersey Manufacturers	3	Private Insurance
315	No Fault: State Farm	3	Private Insurance
399	No Fault: Other	3	Private Insurance
095	Miscellaneous: Indigent		
031	Patient: Direct	4	Self-pay
039	Patient: Other Source of Patient Pay		
098	Miscellaneous: Hospital Responsibility	5	No charge
014	Champus	6	Other
016	Department of Vocational Rehabilitation		
092	Miscellaneous: Personal Health Program		
099	Miscellaneous: Other		
018	New Jersey State Health Benefits Plan		
019	Other Government		
013	Title V (Material and Child Health)		
205	Worker's Compensation: Aetna		
211	Worker's Compensation: Insurance Company of North America		

215	Worker's Compensation: Liberty Mutual		
221	Worker's Compensation: Employers Mutual		
225	Worker's Compensation: New Jersey Manufacturers		
231	Worker's Compensation: Travelers		
299	Worker's Compensation: Other		
000, Blank	Not Available, Missing	.	Missing
Any values not documented by the data source		.A	Invalid

New Jersey			
(Valid from 1988-1997)			
PAY1_X and PAY2_X and PAY3_X		**PAY1 and PAY2**	
Value	**Description**	**Value**	**Description**
011	Title XVII (Medicare) Part A	1	Medicare
015	Title XVII (Medicare) Part B	1	Medicare
017	Title XVII (Medicare) Part B - Physician Charges	1	Medicare
012	Title XIX (Medicaid)	2	Medicaid
010	Blue Cross: Alabama	3	Private Insurance
020	Blue Cross: Arkansas	3	Private Insurance
022	Blue Cross: New Jersey, FEP	3	Private Insurance
025	Blue Cross: New Jersey; Garden State	3	Private Insurance
026	Blue Cross: New Jersey, Host	3	Private Insurance
029	Blue Cross: Other Blue Cross	3	Private Insurance
030	Blue Cross: Arizona	3	Private Insurance
040	Blue Cross: California	3	

040	Blue Cross: California, all other groups (1994 only)		Private Insurance
040	Blue Cross: California, Woodland Hills (1988-1993 only)		
041	Blue Cross: California, Oakland (1994 only)	3	Private Insurance
042	Blue Cross: California, San Francisco (1994 only)	3	Private Insurance
050	Blue Cross: Colorado	3	Private Insurance
060	Blue Cross: Connecticut	3	Private Insurance
070	Blue Cross: Delaware	3	Private Insurance
080	Blue Cross: District of Columbia	3	Private Insurance
090	Blue Cross: Florida	3	Private Insurance
100	Blue Cross: Georgia		
100	Blue Cross: Georgia, all other groups (1994 only)	3	Private Insurance
100	Blue Cross: Georgia, Atlanta (1988-1993 only)		
101	Blue Cross: Georgia, Columbus (1994 only)	3	Private Insurance
110	Blue Cross: Idaho	3	Private Insurance
121	Blue Cross: Illinois	3	Private Insurance
130	Blue Cross: Indiana	3	Private Insurance
140	Blue Cross: Iowa		
140	Blue Cross: Iowa, all other groups (1994 only)	3	Private Insurance
140	Blue Cross: Iowa, not Sioux City (1988-1993 only)		
141	Blue Cross: Iowa, Sioux City (1994 only)	3	Private Insurance
141	Blue Cross: Iowa, Sioux city South Dakota (1988-1993 only)		

150	Blue Cross: Kansas	3	Private Insurance
160	Blue Cross: Kentucky	3	Private Insurance
170	Blue Cross: Louisiana	3	Private Insurance
180	Blue Cross: Maine	3	Private Insurance
190	Blue Cross: Maryland	3	Private Insurance
200	Blue Cross: Massachusetts	3	Private Insurance
210	Blue Cross: Michigan	3	Private Insurance
220	Blue Cross: Minnesota	3	Private Insurance
230	Blue Cross: Mississippi	3	Private Insurance
240	Blue Cross: Missouri, Kansas City	3	Private Insurance
241	Blue Cross: Missouri, St. Louis	3	Private Insurance
250	Blue Cross: Montana	3	Private Insurance
260	Blue Cross: Nebraska	3	Private Insurance
265	Blue Cross: Nevada	3	Private Insurance
270	Blue Cross: New Hampshire	3	Private Insurance
280	Blue Cross: New Jersey, All Other Groups	3	Private Insurance
281	Blue Cross: New Jersey,Non-Group Line of Business (valid beginning 1/93)	3	Private Insurance
290	Blue Cross: New Mexico	3	Private Insurance
300	Blue Cross: New York, Albany (1994 only)	3	Private Insurance
301	Blue Cross: New York, Buffalo	3	Private Insurance

303	Blue Cross: New York, New York	3	Private Insurance
304	Blue Cross: New York, Rochester	3	Private Insurance
305	Blue Cross: New York, Syracuse	3	Private Insurance
306	Blue Cross: New York, Utica	3	Private Insurance
307	Blue Cross: New York, Watertown (1994 only)	3	Private Insurance
308	Blue Cross: New York, Part A Only (1994 only)	3	Private Insurance
310	Blue Cross: North Carolina	3	Private Insurance
320	Blue Cross: North Dakota	3	Private Insurance
331	Blue Cross: Ohio, Canton (1994 only)	3	Private Insurance
332	Blue Cross: Ohio, Cincinnati	3	Private Insurance
333	Blue Cross: Ohio, Cleveland	3	Private Insurance
334	Blue Cross: Ohio, Columbus (1994 only)	3	Private Insurance
335	Blue Cross: Ohio, Lima (1994 only)	3	Private Insurance
337	Blue Cross: Ohio, Toledo (1994 only)	3	Private Insurance
338	Blue Cross: Ohio, Youngstown (1994 only)	3	Private Insurance
340	Blue Cross: Oklahoma	3	Private Insurance
350	Blue Cross: Oregon	3	Private Insurance
360	Blue Cross: Pennsylvania, Allentown (1994 only)	3	Private Insurance
361	Blue Cross: Pennsylvania, Harrisburg	3	Private Insurance
362	Blue Cross: Pennsylvania, Philadelphia	3	Private Insurance

363	Blue Cross: Pennsylvania, Pittsburgh	3	Private Insurance
364	Blue Cross: Pennsylvania, Wilkes-Barre	3	Private Insurance
370	Blue Cross: Rhode Island	3	Private Insurance
380	Blue Cross: South Carolina	3	Private Insurance
390	Blue Cross: Tennessee, Chattanooga	3	Private Insurance
392	Blue Cross: Tennessee, Memphis	3	Private Insurance
400	Blue Cross: Texas	3	Private Insurance
410	Blue Cross: Utah	3	Private Insurance
415	Blue Cross: Vermont	3	Private Insurance
423	Blue Cross: Virginia, all other groups (formerly Blue Cross: Virginia, Richmond)	3	Private Insurance
424	Blue Cross: Virginia, Roanoke (1994 only)	3	Private Insurance
430	Blue Cross: Alaska/Washington (formerly, Alaska/Washington, all other groups)	3	Private Insurance
441	Blue Cross: West Virginia, Charleston (1994 only)	3	Private Insurance
443	Blue Cross: West Virginia, Parksburg	3	Private Insurance
444	Blue Cross: West Virginia, Wheeling (1994 only)	3	Private Insurance
450	Blue Cross: Wisconsin	3	Private Insurance
460	Blue Cross: Wyoming	3	Private Insurance
470	Blue Cross: Puerto Rico	3	Private Insurance
471	Blue Cross: Hawaii, all other groups (effective beginning 1/93)	3	Private Insurance
865	Blue Cross: Camp Hill (effective beginning 1/95)	3	Private Insurance

932	Blue Cross: Washington, Seattle (1994 only)	3	Private Insurance
936	Blue Cross: Washington, Spokane (1994 only)	3	Private Insurance
971	Blue Shield: Hawaii (1994 only)	3	Private Insurance
105	Commercial: Aetna	3	Private Insurance
106	Commercial: New Jersey Carpenters' Health Fund	3	Private Insurance
107	AARP (effective beginning 4/1/95)	3	Private Insurance
115	Commercial: Connecticut General	3	Private Insurance
120	Commercial: Continental Assurance	3	Private Insurance
125	Commercial: Equitable	3	Private Insurance
131	Commercial: Guardian Life	3	Private Insurance
135	Commercial: Intercontinental	3	Private Insurance
142	Commercial: John Hancock	3	Private Insurance
145	Commercial: Massachusetts Mutual	3	Private Insurance
151	Commercial: Metropolitan Life	3	Private Insurance
155	Commercial: Mutual of Omaha	3	Private Insurance
161	Commercial: New York Life	3	Private Insurance
165	Commercial: Provident Alliance	3	Private Insurance
171	Commercial: Prudential	3	Private Insurance
175	Commercial: Travelers	3	Private Insurance
181	Commercial: Washington National Insurance	3	Private Insurance

185	Commercial: New Jersey Auto Dealers Association	3	Private Insurance
186	Commercial: Allstate (Formerly Companion Life)	3	Private Insurance
187	Commercial: Mutual Life of New York	3	Private Insurance
188	Commercial: National Association of Letter Carriers	3	Private Insurance
189	Commercial: Local Union Insurance	3	Private Insurance
191	Commercial: Lincoln National	3	Private Insurance
192	Commercial: New Jersey Turnpike Authority	3	Private Insurance
193	Commercial: Rasmussen	3	Private Insurance
194	Commercial: InterCounty Health Plan	3	Private Insurance
195	Commercial: American Postal Workers	3	Private Insurance
196	Commercial: Leader Administrators	3	Private Insurance
197	Commercial: Fred S. James (James Benefit)	3	Private Insurance
198	Commercial: Mail Handlers Benefit Plan	3	Private Insurance
199	Commercial: Other Commercial Insurance	3	Private Insurance
032	HMO: Americaid Inc. (effective beginning 11/8/96)	3	Private Insurance
033	HMO: Americaid Preferred Provider Plan, Inc. (effective beginning 11/8/96)	3	Private Insurance
034	HMO: United Healthcare (Effective beginning 1/1/97)	3	Private Insurance
035	HMO: MediGroup, Inc. (effective beginning 1/1/97)	3	Private Insurance
043	HMO: Crossroads Health Plan (1994 only)	3	Private Insurance
044	HMO: Cumberland Regional Health Plan (1994 only)	3	Private Insurance

045	HMO: HIP/RHP of New Jersey (formerly Health Care Plan of New Jersey)	3	Private Insurance
046	HMO: HIP of Greater New Jersey (1994 only)	3	Private Insurance
047	HMO: HMO Blue (Medigroup-Central) (Formerly Mercer Regional Medical Group)	3	Private Insurance
048	HMO: HMO of PA/NJ (US Healthcare)	3	Private Insurance
049	HMO: Rutgers Community Health Plan (1994 only)	3	Private Insurance
051	HMO: Southern Inter-County Med Association (1994 only)	3	Private Insurance
052	HMO: Valley Health Plan (1994 only)	3	Private Insurance
053	HMO: Aetna Health Plans of New Jersey	3	Private Insurance
054	HMO: HMO of New Jersey (1994 only)	3	Private Insurance
055	HMO: OmniCare (1994 only)	3	Private Insurance
056	HMO: CIGNA Health Plan of New Jersey (Formerly Co. Med., Inc.)	3	Private Insurance
057	HMO: Bergen County IPA (1994 only)	3	Private Insurance
058	HMO: South Shore Health Plan	3	Private Insurance
059	HMO: Other HMO	3	Private Insurance
061	HMO: Travelers Health Plan	3	Private Insurance
062	HMO: Garden State Health Plan	3	Private Insurance
063	HMO: HMO of Pennsylvania (1994 only)	3	Private Insurance
064	HMO: PruCare (1994 only)	3	Private Insurance
065	HMO: Maxicare (1994 only)	3	Private Insurance
066	HMO: HMO Blue Medigroup - Metro, Inc.	3	Private Insurance

067	HMO: HMO Blue Medigroup - North, Inc.	3	Private Insurance
068	HMO: HMO Blue Medigroup - South, Inc.	3	Private Insurance
069	HMO: HMO Blue Medigroup - Shoreline, Inc.	3	Private Insurance
071	HMO: Metlife Health Care Network	3	Private Insurance
072	HMO: Oxford Health Plan	3	Private Insurance
073	HMO: Sanus of New Jersey	3	Private Insurance
074	HMO: CIGNA Health Plan of Southern New Jersey (Formerly CIGNA Health Plan)	3	Private Insurance
075	HMO: Corporate Health Administrators (1994 only)	3	Private Insurance
076	HMO: Premier Preferred Care of New Jersey (effective beginning 1/93)	3	Private Insurance
077	HMO: Greater Atlantic Health Services (effective beginning 1/95)	3	Private Insurance
078	HMO: Delaware Valley HMO (effective beginning 1/95)	3	Private Insurance
081	HMO: Atlanticare Health Plan (effective beginning 11/8/96)	3	Private Insurance
082	HMO: ChubbHealth Plan (effective beginning 11/8/96)	3	Private Insurance
083	HMO: Community Health Care and Development Corp (effective beginning 11/8/96)	3	Private Insurance
084	HMO: First Option Health Plan (effective beginning 11/8/96)	3	Private Insurance
085	HMO: Harmony Health Plan (effective beginning 11/8/96)	3	Private Insurance
086	HMO: HMO Blue (Blue Cross/Blue Shield of New Jersey) (effective beginning 11/8/96))	3	Private Insurance
087	HMO: Liberty Health Plan (effective beginning 11/8/96)	3	Private Insurance
088	HMO: Managed Health Care Systems of New Jersey, Inc. (effective beginning 11/8/96)	3	Private Insurance

089	HMO: Physician Health Care Plan of New Jersey (effective beginning 11/8/96)	3	Private Insurance
093	Misc: Magnet (Magna Care) (effective beginning 1/95)	3	Private Insurance
094	HMO: Physician Health Services of New Jersey, Inc. (effective beginning 11/8/96)	3	Private Insurance
096	Misc: Qual Care (effective beginning 11/8/96)	3	Private Insurance
097	HMO: University Health Plans, Inc. (effective beginning 11/8/96)	3	Private Insurance
091	Misc: Union Insurance	3	Private Insurance
309	No Fault: Allstate	3	Private Insurance
311	No Fault: New Jersey Manufacturers	3	Private Insurance
315	No Fault: State Farm	3	Private Insurance
399	No Fault: Other No Fault	3	Private Insurance
095	Miscellaneous: Indigent (effective beginning 1/93)	4	Self-pay
031	Patient: Direct		
039	Patient: Other Source of Patient Pay		
098	Misc: Hospital Responsibility	5	No charge
014	CHAMPUS	6	Other
016	Department of Vocational Rehabilitation		
092	Misc: Personal Health Program		
099	Misc: Other		
018	New Jersey State Health Benefits Plan		
019	Other Government		
013	Title V (Material and Child Health)		
205	Workers' Comp: Aetna		
211	Workers' Comp: Insurance Company of North America		
215	Workers' Comp: Liberty Mutual		
221	Workers' Comp: Employers Mutual		
225	Workers' Comp: New Jersey Manufacturers		

231	Workers' Comp: Travelers		
299	Workers' Comp: Other Workers' Compensation		
095	Misc: Indigent (effective from 1988-1992)		
000, Blank	Not Available, Missing	.	Missing
Any values not documented by the data source		.A	Invalid

New York

New York			
(Valid beginning in 1993)			
PAY1_X, PAY2_X, and PAY3_X		PAY1 and PAY2	
Value	Description	Value	Description
03	Medicare	1	Medicare
16	Medicare HMO		
04	Medicaid	2	Medicaid
17	Medicaid HMO		
06	Blue Cross	3	Private Insurance
08	Commercial Insurance Company		
11	HMO (Other)		
13	No-fault		
15	Self-insured, Self-administered plans		
01	Self-pay	4	Self-pay
09	No charge	5	No charge
02	Worker's Compensation	6	Other
07	Other Government		
10	Other		
12	CHAMPUS/VA		
14	Corrections (federal, state, or local) (1993-1995 only)		
18	Corrections Federal (beginning in 1996)		
19	Corrections State (beginning in 1996)		
20	Corrections Local (beginning in 1996)		
Blank	Missing	.	Missing
Any values not documented by the data source		.A	Invalid

Utah

In Utah, hospitals report plan-specific expected payer codes. The data organization that provides the Utah source files to HCUP (the Office of Health Care Statistics, Utah of Department of Health) maps the plan-specific payer codes into grouped payer categories. The data source reports that self-pay/uninsured are not identified very effectively since the original data are mostly based on billing information and they do not have any way to determine whether the payer declined to pay. There is a field for "patient as payer" on the source file, but it is not reliable coded and is only submitted by a small number of hospitals. HCUP receives only the grouped payer code.

Utah				
(Valid beginning in 1998)				
PAY1_X, PAY2_X and PAY3_X			PAY1 and PAY2	
Value	**Description**		**Value**	**Description**
01	Medicare		1	Medicare
02	Medicaid		2	Medicaid
04	Blue Cross/Blue Shield		3	Private Insurance
05	Other commercial		3	Private Insurance
06	Managed care (HMO and PPO)		3	Private Insurance
07	Self pay		4	Self-pay
--			5	No charge
03	Other government		6	Other
08	Industrial and Worker's compensation			
09	Unclassified			
12	Other			
13	Children's Health Insurance Plan (CHIP)			
10, 99, Blank	Unknown, Not reported, Missing		.	Missing
Any values not documented by the data source			.A	Invalid

Utah			
(Valid for 1997)			
PAY1_X, PAY2_X and PAY3_X		**PAY1 and PAY2**	
Value	**Description**	**Value**	**Description**
01	Medicare	1	Medicare
02	Medicaid	2	Medicaid
04	Blue Cross/Blue Shield	3	Private Insurance
05	Other commercial		
06	Managed care (HMO and PPO)		
07	Self pay	4	Self-pay
--		5	No charge
03	Other government	6	Other
08	Industrial and Worker's compensation		
09	Unclassified		
12	Other		
10, 99, Blank	Unknown, Not reported, Missing	.	Missing
Any values not documented by the data source		.A	Invalid

Wisconsin

Wisconsin			
(Valid beginning in 1998)			
PAY1_X and PAY2_X		**PAY1 and PAY2**	
Value	**Description**	**Value**	**Description**
MED01	Medicare - Fee for service, non-HMO Medicare, or non-HMO Medicaid	1	Medicare
MED02	Medicare - Alternative health care insurance plans (HMO, PPO, PPA, etc.)	1	Medicare
MED09	Medicare - Unable to determine insurance type	1	Medicare
T1901	Wisconsin Medicaid - Fee for service	2	Medicaid

T1902	Wisconsin Medicaid - Alternative health care insurance plans	2	Medicaid
T1909	Wisconsin Medicaid - type unknown	2	Medicaid
OTH51	Non-Wisconsin Medicaid	2	Medicaid
WPS01	Wisconsin Physicians Service - Fee for service	3	Private Insurance
WPS02	Wisconsin Physicians Service - Alternative health care insurance plans	3	Private Insurance
WPS09	Wisconsin Physicians Service - type unknown	3	Private Insurance
OTH11	Commercial or private insurance - Fee for service	3	Private Insurance
OTH12	Commercial or private insurance - Alternative health care insurance plans	3	Private Insurance
OTH19	Commercial or private insurance - type unknown	3	Private Insurance
OTH21	Employer self-funded - Fee for service	3	Private Insurance
OTH22	Employer self-funded - Alternative health care insurance plans	3	Private Insurance
OTH29	Employer self-funded - type unknown	3	Private Insurance
OTH31	Other organization self-funded - Fee for service	3	Private Insurance
OTH32	Other organization self-funded - Alternative health care insurance plans	3	Private Insurance
OTH39	Other organization self-funded - type unknown	3	Private Insurance
nnn01, where nnn is a 3-digit code	Blue Cross - Fee for service	3	Private Insurance
nnn02, where nnn is a 3-digit code	Blue Cross - Alternative health care insurance plans	3	Private Insurance
nnn09, where nnn is a 3-digit	Blue Cross - type unknown	3	Private Insurance

code			
OTH61	Self-pay	4	Self-pay
--		5	No charge
CHA01	CHAMPUS, CHAMPVA (effective beginning in 1994)	6	Other
CHA02	CHAMPUS, CHAMPVA (effective beginning in 1994)		
CHA03	CHAMPUS, CHAMPVA (effective beginning in 1994)		
OTH41	Worker's Compensation		
OTH52	51.42 / 51.437 / 46.23 Board		
OTH53	General Relief		
OTH54	WisconsinCare		
OTH55	CHAMPUS Supplement		
OTH56	HIRSP		
OTH59	Other government		
OTH98	Other		
bbb01, where b is a blank	Other - Fee for service (beginning in 1998)		
OTH01	Other - Fee for service (effective from 1989-1997)		
OTH99	Unknown	.	Missing
bbb00, where b is a blank	Unknown		
Blank	Missing		
Any values not documented by the data source		.A	Invalid

Wisconsin			
(Valid from 1989-1997)			
PAY1_X and PAY2_X		**PAY1 and PAY2**	
Value	**Description**	**Value**	**Description**
MED01	Medicare - Fee for service, non-HMO Medicare, or non-HMO Medicaid	1	Medicare

MED02	Medicare - Alternative health care insurance plans (HMO, PPO, PPA, etc.)		
MED09	Medicare - Unable to determine insurance type		
T1901	Wisconsin Medicaid - Fee for service	2	Medicaid
T1902	Wisconsin Medicaid - Alternative health care insurance plans		
T1909	Wisconsin Medicaid - type unknown		
OTH51	Non-Wisconsin Medicaid		
WPS01	Wisconsin Physicians Service - Fee for service	3	Private Insurance
WPS02	Wisconsin Physicians Service - Alternative health care insurance plans	3	Private Insurance
WPS09	Wisconsin Physicians Service - type unknown	3	Private Insurance
OTH11	Commercial or private insurance - Fee for service	3	Private Insurance
OTH12	Commercial or private insurance - Alternative health care insurance plans	3	Private Insurance
OTH19	Commercial or private insurance - type unknown	3	Private Insurance
OTH21	Employer self-funded - Fee for service	3	Private Insurance
OTH22	Employer self-funded - Alternative health care insurance plans	3	Private Insurance
OTH29	Employer self-funded - type unknown	3	Private Insurance
OTH31	Other organization self-funded - Fee for service	3	Private Insurance
OTH32	Other organization self-funded - Alternative health care insurance plans	3	Private Insurance
OTH39	Other organization self-funded - type unknown	3	Private Insurance
nnn01, where	Blue Cross - Fee for service	3	Private

			Insurance
nnn is a 3-digit code			
nnn02, where nnn is a 3-digit code	Blue Cross - Alternative health care insurance plans	3	Private Insurance
nnn09, where nnn is a 3-digit code	Blue Cross - type unknown	3	Private Insurance
OTH61	Self-pay	4	Self-pay
--		5	No charge
CHA01	CHAMPUS, CHAMPVA (effective beginning in 1994)	6	Other
CHA02	CHAMPUS, CHAMPVA (effective beginning in 1994)		
CHA03	CHAMPUS, CHAMPVA (effective beginning in 1994)		
OTH41	Worker's Compensation		
OTH52	51.42 / 51.437 / 46.23 Board		
OTH53	General Relief		
OTH54	WisconsinCare		
OTH55	CHAMPUS Supplement		
OTH56	HIRSP		
OTH59	Other government		
OTH98	Other		
OTH01	Other - Fee for service (effective from 1989-1997)		
OTH99	Unknown	.	Missing
bbb00, where b is a blank	Unknown		
Blank	Missing		
Any values not documented by the data source		.A	Invalid

PAY1_N - Expected primary payer, nonuniform

PAY1_N (where _N indicates nonuniform) preserves much of the original expected primary payer detail from the various data sources. However, some categories of PAY1_N are not available from some sources because not all sources have the same level of detail available.

The HCUP data element PAY1 contains more general categories for commercial and other payers. PAY1_X retains the expected primary payer as provided by the data source.

Uniform Values

Variable	Description	Value	Value Description
PAY1_N	Expected primary payer, nonuniform	1	Medicare (mixed)
		2	Medicaid
		3	Blue Cross, Blue Cross PPO
		4	Commercial, PPO (mixed)
		5	Private HMO
		6	Self-pay
		7	No charge
		8	Title V
		9	Worker's Comp
		10	CHAMPUS, CHAMPVA
		11	Other Government
		12	Other
		.	Missing
		.A	Invalid
		.B	Unavailable from source (coded in 1988-1997 data only)

State Specific Notes

Colorado

Colorado redefined payer codes and categories in 1993. Several of the HCUP payer recodes are affected:

HMO / PPO

1988-1992   The source reports only one distinct HMO/PPO payer category (PAY1_N = 5). The source documentation does not indicate whether HMO services paid for by Medicare, Medicaid, and other payers ("other liability," no fault auto insurance, and home casualty insurance) are included in the source data as HMO/PPO.

Beginning 1993   The source reports separate categories for HMO/PPO (PAY1_N = 5), Medicare HMO (PAY1_N = 1), Medicaid HMO (PAY1_N = 2), and HMO/PPO service provided by other payers "Other Liability, No Fault Auto, and Home Casualty Insurance" (PAY1_N = 4).

CHAMPUS / CHAMPVA

1988-1992   The source does not separately classify CHAMPUS/CHAMPVA. The documentation supplied by the data source does not indicate how these payers are coded.

Beginning 1993   The data source reports CHAMPUS/CHAMPVA as a distinct category (PAY1_N = 10).

Colorado Medically Indigent Program

1988-1992   The source does not separately classify Colorado Medically Indigent Program. The documentation supplied by the data source does not indicate how these payers are reported.

Beginning 1993   The data source reports Colorado Medically Indigent Program as a distinct category, which is recoded to the HCUP category "Other Government" (PAY1_N = 11).

Title V

1988-1992   The source reports a distinct category for Title V (PAY1_N = 8).

Beginning 1993   The source reports Title V as "Other Government" (PAY1_N = 11).

Florida

Medicare

In addition to the usual categories coded under Medicare (PAY1_N = 1), a pay source of "Medicare HMO" is included.

Medicaid

In addition to the usual categories coded under Medicaid (PAY1_N = 2), a pay source of "Medicaid HMO" is included.

Blue Cross

Florida does not separately classify Blue Cross. Blue Cross payers are categorized under Commercial, PPO (PAY1_N = 4).

Self-pay, Charity, and Underinsured

From 1988-1991, the payers self-pay, charity, and underinsured were categorized under Other (PAY1_N = 12), because Florida did not separately identify them.

From 1992-1996, Florida provided one payer category for "Self-pay, Charity, and Underinsured" which was categorized under the Self-pay (PAY1_N = 6).

Beginning in 1997, "Charity" is identified by Florida with a separate source value and is recoded to "No Charge" (PAY1_N = 7). Self-pay and Underinsured continue to be categorized under Self-pay (PAY1_N = 6).

Maryland

The HCUP category "Medicare" (PAY1_N = 1) includes the source code "Medicare HMO."

The HCUP category "Medicaid" (PAY1_N = 2) includes the source codes "Medicaid State Only (MSO)" and "Medicaid HMO."

In addition to the usual categories coded under the HCUP category "Other" (PAY1_N = 12), a pay source of "Donor" is included.

Maryland did not separately classify "CHAMPUS/CHAMPVA" (PAY1_N = 10). The source documentation available for Maryland did not indicate which payer type(s) were used for "CHAMPUS/CHAMPVA."

New Jersey

Unusual pay sources were recoded as follows:

Pay source   Recoded to HCUP uniform value

"No Fault"   Private Insurance, PPO (PAY1_N = 4)

"Personnel Health Plan"   Other (PAY1_N = 12)

"Indigent"   1988-1992: Other (PAY1_N = 11)

                                       From 1993: Self-Pay (PAY1_N = 6)

The source pay category "Indigent" was incorrectly mapped to "Other" (PAY1_N = 11) during HCUP processing of 1988-1992 data.

New York

New York does not separately classify Title V (PAY1_N = 8). The source documentation available for New York does not indicate which payer type(s) were used for Title V.

The source categories "No Fault," "Self Insured," and "Self Administered Plan" are included in the HCUP category "Commercial, PPO" (PAY1_N = 4).

Prior to 1996, the source category "Corrections (State, County or City)" is included in the HCUP category "Other Government" (PAY1_N = 11). Beginning in 1996, New York separately reported pay categories for "Corrections - Federal", "Corrections - State", and "Corrections - Local." All of these source values were recoded to the HCUP uniform category "Other Government" (PAY1_N = 11).

Beginning in 1993:

- The source separately classifies "Medicare HMO." This is assigned to the HCUP category "Medicare" (PAY1_N = 1).

- The source separately classifies "Medicaid HMO." This is assigned to the HCUP category "Medicaid" (PAY1_N = 2).

Utah

Utah does not separately classify:

- No Charge (PAY1_N = 7),
- Title V (PAY1_N = 8), or

- CHAMPUS, CHAMPVA (PAY1_N = 10).

The source documentation indicates that No Charge is included in Other (PAY1_N = 12). No documentation was available about which payer type(s) were used for Title V or CHAMPUS.

Wisconsin

Wisconsin does not separately classify:

- No Charge (PAY1_N = 7), or
- Title V (PAY1_N = 8).

No documentation was available about which payer type(s) were used for Title V and No charge.

PAY1_X - Expected primary payer, as received from data source

PAY1_X retains the expected primary payer as provided by the data source. The original values have not been recoded into uniform HCUP values and are source-specific.

Two HCUP data elements contain uniformly coded information about the expected primary payer:

- PAY1 has general categories for Medicare, Medicaid, private insurance, and other payers.
- PAY1_N has more detailed categories for private insurance and other payers. PAY1_N is only available in the 1988-1997 HCUP databases. This data element is discontinued beginning in the 1998 data because of the difficulty of coding the information uniformly across States.

Information on the definition of the source values contained in PAY1_X and how the source values are recoded into the HCUP uniform variable PAY1 is available under the note for expected primary payer PAY1.

Uniform Values

Variable	Description	Value	Value Description
PAY1_X	Expected primary payer, as received from data source	n(a)	State specific coding - See the "State Specific Notes" section for details

State Specific Notes

Information on State specific coding for this data element is available under the "State Specific Notes" section for the data element PAY1.

PAYER1_X - Expected primary payer identifier, plan specific

<table>
<tr><td colspan="4" align="center">General Notes</td></tr>
</table>

PAYER1_X retains the expanded, detailed expected primary payer plan codes provided by the data source. PAY1_X contains payer categories (e.g., commercial insurance); more detailed, plan-specific codes are reported in PAYER1_X (e.g., AETNA and United Healthcare). The original values have not been recoded into uniform HCUP values and are source-specific.

Uniform Values			
Variable	**Description**	**Value**	**Value Description**
PAYER1_X	Expected primary payer identifier, plan specific	n(a)	State specific coding - See the "State Specific Notes" section for details

<table>
<tr><td align="center">State Specific Notes</td></tr>
</table>

Maryland

PAYER1_X includes the plan name of the managed care payer. This includes the health maintenance organizations (HMO), managed care organizations (MCO), and provider sponsored organizations (PSO). Source definitions are:

Code	Description
01	AETNA Health Plan Atlantic
02	CapitalCare (Blue Cross National Capital Area)
03	CFS Health Group (Carefirst, Freestate, Potomac Health)
04	Chesapeake Health Plan
05	CIGNA Healthcare MidAtlantic Inc.
06	Columbia Medical Plan
07	Delmarva Health Plan
08	Humana Group Health Plan
09	GWU Health Plans
10	NYL Care (HealthPlus, Inc., Sanus, New York Life Care, New York

	Life)
11	Kaiser Permanente
12	MAMSI (MDIPA, Optimum Choice, Alliance)
13	Total Health Care
14	U.S. Healthcare
15	Prudential Healthcare Plan - Mid Atlantic
16	Principal Health Care of Mid Atlantic
17	Preferred Health Network of MD
18	Physicians Health Plan Inc.
19	Principal Health\Care of Delaware, Inc.
20	Marland Physicians Care
21	Helix Family Health
22	JAI Medical
23	Priority Partners
24	United HealthCare
25	New American Health
26	Prime Health
29	Other HMO/MCO/PSO

Source values for "Not Applicable" and "Unknown" are recoded to missing (PAYER1_X = " ").

PAY2 - Expected secondary payer, uniform

PAY2 indicates the expected secondary payer (Medicare, Medicaid, private insurance, etc.). To ensure uniformity of coding across data sources, PAY2 combines detailed categories in the more general groups. For example,

- Medicare includes both fee-for-service and managed care Medicare patients.
- Medicaid includes both fee-for-service and managed care Medicaid patients.
- Private insurance (PAY2 = 3) includes Blue Cross, commercial carriers, and private HMOs and PPOs.
- Other (PAY2 = 6) includes Worker's Compensation, CHAMPUS, CHAMPVA, Title V, and other government programs.

In the 1988-1997 data, the data element PAY2_N provides more detailed categories for private insurance and other payers. This data element is discontinued beginning in the 1998 data because of the difficulty of coding the information uniformly across States.

The HCUP data element PAY2_X retains the expected primary payer as provided by the data source.

Because the coding of expected primary and secondary payer is the same, information on the coding of PAY2 is available under the note for expected primary payer (PAY1).

Uniform Values			
Variable	**Description**	**Value**	**Value Description**
PAY2	Expected secondary payer, uniform	n(a)	State specific coding - See the "State Specific Notes" section for details

State Specific Notes

Information on State specific coding for this data element is available under the "State Specific Notes" section for the data element PAY1.

PAY2_N - Expected secondary payer, nonuniform

General Notes

PAY2_N (where _N indicates nonuniform) preserves much of the original expected secondary payer detail from the various data sources. However, some categories of PAY2_N are not available from some sources because not all sources have the same level of detail available.

The HCUP data element PAY2_X retains the expected secondary payer as provided by the data source.

In the 1988-1997 HCUP databases, the secondary pay source (PAY2_N) was set to inconsistent (.C) if the primary pay source and the secondary pay source are the same and the source is one of the following:

- Medicare (ED951),
- Medicaid (ED951),
- CHAMPUS (ED952),
- Worker's Compensation (ED952), and
- Title V (ED952).

No edit checks were performed on the payer data elements beginning in the 1998 databases.

Uniform Values			
Variable	**Description**	**Value**	**Value Description**
PAY2_N	Expected secondary payer, nonuniform	1	Medicare (mixed)
		2	Medicaid
		3	Blue Cross, Blue Cross PPO
		4	Commercial, PPO (mixed)
		5	Private HMO
		6	Self-pay
		7	No charge
		8	Title V
		9	Worker's Comp
		10	CHAMPUS, CHAMPVA
		11	Other Government
		12	Other
		.	Missing
		.A	Invalid
		.B	Unavailable from source (coded in 1988-1997 data only)
		.C	Inconsistent: in 1998-1997 data, ED951, ED952

State Specific Notes

Information on State specific coding for this data element is available under the "State Specific Notes" section for the data element PAY1_N.

PAY2_X - Expected secondary payer, as received from data source

PAY2_X retains the expected secondary payer as provided by the data source. The original values have not been recoded into uniform HCUP values and are source-specific.

Two HCUP data elements contain uniformly coded information about the expected secondary payer:

- PAY2 has general categories for Medicare, Medicaid, private insurance, and other payers.
- PAY2_N has more detailed categories for private insurance and other payers. PAY2_N is only available in the 1988-1997 HCUP databases. This data element is discontinued beginning in the 1998 data because of the difficulty of coding the information uniformly across States.

Because the coding of expected primary and secondary payer is the same, information on the coding of PAY2_X is available under the note for expected primary payer (PAY1).

Uniform Values			
Variable	Description	Value	Value Description
PAY2_X	Expected secondary payer, as received from data source	n(a)	State specific coding - See the "State Specific Notes" section for details

State Specific Notes

Information on State specific coding for this data element is available under the "State Specific Notes" section for the data element PAY1.

PAYER2_X - Expected secondary payer identifier, plan specific

PAYER2_X retains the expanded, detailed expected secondary payer plan codes provided by the data source. PAY2_X contains payer categories (e.g., commercial insurance); more detailed, plan-specific codes are reported in PAYER2_X (e.g., AETNA and United Healthcare). The original values have not been recoded into uniform HCUP values and are source-specific.

Information on the definition of the source values contained in PAYER2_X is available under the variable note for PAYER1_X.

Uniform Values			
Variable	**Description**	**Value**	**Value Description**
PAYER2_X	Expected secondary payer identifier, plan specific	n(a)	State specific coding - See the "State Specific Notes" section for details

State Specific Notes

Information on State specific coding for this data element is available under the "State Specific Notes" section for the data element PAYER1_X.

PAY3_X - Expected tertiary payer, as received from data source

PAY3_X retains the expected tertiary payer as provided by the data source. The original values have not been recoded into uniform HCUP values and are source-specific. There are no HCUP data elements that contain uniformly coded information about the expected tertiary payer.

Because the coding of expected primary and tertiary payer is the same, information on the coding of PAY3_X is available under the note for expected primary payer (PAY1).

Uniform Values

Variable	Description	Value	Value Description
PAY3_X	Expected tertiary payer, as received from data source	n(a)	State specific coding - See the "State Specific Notes" section for details

State Specific Notes

Information on State specific coding for this data element is available under the "State Specific Notes" section for the data element PAY1.

PCCHPRn - Clinical Classifications Software: procedure classification

General Notes

Clinical Classifications Software (CCS), formerly known as Clinical Classifications for Health Policy Research (CCHPR), consists of 231 procedure categories. This system is based on ICD-9-CM codes. All procedure codes are classified.

PCCHPRn is coded as follows:

- PCCHPRn ranges from 1 to 231 if the procedure code (PRn) is valid by the HCUP criteria, which allows a six-month window (three months before and three months after) around the official ICD-9-CM coding changes (usually October 1), for anticipation of or lags in response to official ICD-9-CM coding changes.
- PCCHPRn is missing (.), if there is no procedure code (PRn = " ").
- PCCHPRn is set to invalid (.A), if the procedure code (PRn) is invalid (PRVn = 1).
- PCCHPRn is retained (values 1-231) when a valid procedure is flagged as inconsistent with age or sex (PRVn = .C). For best results, use PCCHPRn only when the procedure is valid and consistent (PRVn = 0).

Beginning in the 1998 data, this data element is called PRCCSn.

Labels

Labels for CCS, formerly known as CCHPR, categories are provided as an ASCII file in HCUP Tools: Labels and Formats.

Formats

Formats for CCS, formerly known as CCHPR, categories are provided in HCUP Tools: Labels and Formats.

A format is also available to map CCS codes into a few broad classes of conditions based on ICD-9-CM chapters. These formats are also provided in HCUP Tools: Labels and Formats.

Uniform Values			
Variable	Description	Value	Value Description
PCCHPRn	Clinical Classifications Software: procedure classification	1 - 231	CCS procedure class
		.	No procedure code
		.A	Invalid procedure code

State Specific Notes

None

PRn - Procedure

General Notes

The original value of the ICD-9-CM principal procedure (PR1), whether blank or coded, is retained in the first position of the procedure vector. Starting at the first secondary procedure (PR2), the procedures are shifted during HCUP processing to eliminate blank secondary procedures. For example, if PR2 and PR4 contain nonmissing procedures and PR3 is blank, then the value of PR4 is shifted into PR3. Secondary procedures are never shifted into the principal position (PR1).

Procedures are compared to a list of ICD-9-CM codes valid for the discharge date. Anticipation of or lags in response to official ICD-9-CM coding changes are permitted for discharges occurring within a window of time around the official ICD-9-CM coding changes (usually October 1). In the 1988-1997 data, a six months window (three months before and three months after) is allowed. Beginning in the 1998 data, a year window (six months before and six months after) is allowed. For example, the code for Bone Marrow Transplant changed from "410 " to "4100" as of October 1, 1988. Under HCUP validation procedures, "410" is classified as valid for discharges as late as December 31, 1988, and "4100" is classified as valid for discharges as early as July 1, 1988.

Procedures are compared to the sex of the patient (EPR03 beginning in the 1998 data and ED2nn in the 1988-1997 data) and the patient's age (EAGE05 beginning in the 1998 data and ED5nn in the 1988-1997 data) for checking the internal consistency of the record.

How invalid and inconsistent codes are handled varies by data year.

- Beginning in the 1998 data, invalid and inconsistent procedures are masked directly. Validity flags are not included on the HCUP record. Clinical Classifications Software (CCS) data elements are coded with respect to the procedure.

	Invalid Procedure	Inconsistent Code
The value of PRn	"invl"	"incn"
PRCCSn	Set to invalid (.A).	Set to inconsistent (.C)

- From 1988-1997 data, invalid and inconsistent procedures are retained on the record. Validity flags (PRVn) indicate invalid, inconsistent procedure codes. Clinical Classifications Software (CCS) data elements use the former name (PCCHPRn). The CCS was formerly known as the Clinical Classifications for Health Policy Research (CCHPRn). The procedure related data element are coded as follows:

	Invalid Procedure	Inconsistent Code
The value of PRn	Unchanged	Unchanged
PRVn	Set to 1	Set to inconsistent (.C)
PCCHPRn	Set to invalid (.A).	Retained (values 1-260)

The validity flags (PRVn) need to be used in connection with any analysis of the procedures (PRn).

The maximum number of procedures reported varies by state. HCUP retains all procedure fields provided by the data source.

Uniform Values			
Variable	Description	Value	Value Description
PRn	Procedure	nnnn	Procedure code
		Blank	Missing
		invl	Invalid: beginning with 1998 data, EPR02
		incn	Inconsistent: beginning with EAGE05, EPR03

State Specific Notes

Maryland

Maryland supplied procedure codes in a field of length 5. Only the first four characters contained in the left-justified source field were used to assign the HCUP procedure codes.

Utah

Please use the data for DSHOSPID="408" with caution. Based on a cursory review of the hospital's data, the following problems were identified:

- the original discharge date field was shifted by one character causing most of the reported dates to be invalid. During HCUP processing, YEAR was assigned to 97 and DQTR and DDATE were assigned using the shifted position.
- DISP was missing (DISP = .) on 74% of the discharges, and
- the median total charge (TOTCHG) was $14.

Wisconsin

To comply with statutory requirements, Wisconsin modified diagnosis and procedure codes that explicitly referenced induced termination of pregnancy to eliminate distinctions between induced and spontaneous termination. The following codes were modified:

- Diagnoses with the first three digit of 634, 635, 636, 637, 638 were recoded to 637, while retaining the reported fourth digit,
- Procedure 6901 was changed to 6902,
- Procedure 6951 was changed to 6952,
- Procedure 6993 was changed to 6999,
- Procedure 7491 was changed to 7499,
- Procedure 750 was changed to 7599, and
- Procedures 9641-9649 were changed to 964 (which would be flagged as invalid, PRV=1).

Wisconsin supplied ICD-9-CM procedure codes in a field length of 5. Only the first four characters contained in the left-justified source field were used to assign the HCUP procedure codes.

PRCCSn - Clinical Classifications Software (CCS): procedure classification

General Notes

Clinical Classifications Software (CCS) consists of 231 procedure categories. This system is clinically based on ICD-9-CM codes. All procedure codes are classified.

PRCCSn is coded as follows:

- 1 to 231 if the procedure code (PRn) is valid by the HCUP criteria. The HCUP criteria for procedure validation allows a year window (six months before and six months after) around the official ICD-9-CM coding changes (usually October 1), for anticipation of or lags in response to official ICD-9-CM coding changes.
- PRCCSn is missing (.), if there is no procedure code (PRn = " ").
- PRCCSn is set to invalid (.A), if the procedure code (PRn) is invalid by the HCUP criteria (EPR02).
- PRCCSn is set to inconsistent (.C), if the procedure code (PRn) is inconsistent with age (EAGE05) or sex of the patient (EPR03).

In HCUP databases before 1998, this data element is called PCCHPRn.

Labels

Labels for CCS categories are provided as an ASCII file in HCUP Tools: Labels and Formats.

Formats

Formats to label CCS categories are documented in HCUP Tools: Labels and Formats. A format is also available to map CCS codes into a few broad classes of conditions based on ICD-9-CM chapters.

Uniform Values			
Variable	**Description**	**Value**	**Value Description**
PRCCSn	Clinical Classifications Software (CCS): procedure classification	1 - 231	CCS procedure class
		.	No procedure code
		.A	Invalid procedure code: beginning with 1998 data, EPR02
		.C	Inconsistent: beginning with 1998 data, EAGE05, EPR03

State Specific Notes

None

PRDATEn - Date of procedure

Date of procedure performed (PRDATEn) is assigned a valid nonmissing date, with the following exceptions:

- If a procedure date is supplied by the data source, but one or more of the components of the procedure date (year, month, day) is
    - Blank or a documented missing value, PRDATEn = missing (.).
    - - or -
    - Nonnumeric or out of range (year NE 00-99, month NE 1-12, day NE 1-31), PRDATEn = invalid (.A).
- PRDATEn = invalid (.A) if the procedure day is inconsistent with the month (e.g., February 30).
- If the data source does not supply procedure date, then beginning in the 1998 data, PRDATEn is not present on the HCUP files. In the 1988-1997 data, PRDATEn is retained on the HCUP files and is set to unavailable from source (.B).
- PRDATEn is inconsistent (.C) if
    - there is a day of procedure without a coded procedure (ED7nn), or
    - the day of procedure is not during the stay (EPRDAY01 beginning in the 1998 data and ED8nn in the 1988-1997 data).
- Edit checks ED7nn are only performed on the 1988-1997 data. Beginning in the 1998 data, the procedure date without a coded procedure is discarded.

The procedure date vector (PRDATEn) is shifted with the ICD-9-CM procedure codes (PRn) when the procedure vector is packed.

Some sources do not require procedure dates for minor or diagnostic procedures which are considered UHDDS class 3 and class 4 procedures. The UHDDS system grouped ICD-9-CM procedure codes into four classes differentiated by impact on either the well-being of the patient or on the health care system. The criteria used to classify procedures included procedural risk, anesthetic risk, and the need for highly trained personnel, special facilities or special equipment. The classes are:

- Class 1: Surgical
- Class 2: Significant procedure (date required)
- Class 3: Significant procedure (date not required)
- Class 4: Minor procedures not normally coded on inpatient data.

To ensure the confidentiality of patients on the HCUP Central Distributor files, full dates are not released. Beginning in the 1998 data, PRDATEn is replaced by procedure month (PRMONTHn) and procedure year (PRYEARn). In databases before 1998, the day portion of the date stored in PRDATEn is overwritten with "01" during the creation of

the Distributor files. The month and year portion of the date remains unchanged. HCUP data elements that are calculated from PRDATEn are computed before PRDATEn is masked.

Uniform Values			
Variable	**Description**	**Value**	**Value Description**
PRDATEn	Date of procedure	YYMMDD	Date of procedure
		.	Missing
		.A	Invalid
		.B	Unavailable from source (coded in 1988-1997 data only)
		.C	Inconsistent: beginning with 1998 data, EPRDAY01; in 1997 data, ED7nn, ED8nn

State Specific Notes

Colorado

Beginning in 1997, Colorado provided the procedure dates (PRDATEn) with a four-digit year. In prior years, only a two-digit year was available.

PRDAYn - Number of days from admission to procedure n

The day on which the procedure is performed (PRDAYn) is calculated from the procedure date (PRDATEn) and the admission date (ADATE) with the following exceptions:

- PRDAYn is set to the supplied day of principal procedure if the procedure day cannot be calculated (ADATE and/or PRDATEn is missing or invalid). Note: the supplied day of procedure is used only if it distinguishes between a procedure performed on the first day (procedure day = 0) and no procedure day (procedure day is missing).
- PRDAYn is missing (.) if the procedure day cannot be calculated and the supplied procedure day is missing.
- PRDAYn is invalid (.A) if the procedure day cannot be calculated and the supplied procedure day is nonnumeric.
- If the data source does not supply either admission date (ADATE) and procedure date (PRDATEn), or the day of procedure, then beginning in the 1998 data PRDAYn is not present on the HCUP files. In the 1988-1997 data, PRDAYn is retained on the HCUP files and is set to unavailable from source (.B).
- PRDAYn is inconsistent (.C) if
    - there is a day of procedure without a coded procedure (ED7nn), or
    - the day of procedure is not during the stay (EPRDAY01 beginning in the 1998 data and ED8nn in the 1988-1997 data).

Edit checks ED7nn are only performed on the 1988-1997 data. Beginning in the 1998 data, the procedure date without a coded procedure is discarded.

The procedure date vector (PRDATEn) is shifted with the ICD-9-CM procedure codes (PRn) when the procedure vector is packed.

Some sources do not require procedure dates/days for minor or diagnostic procedures which are considered UHDDS class 3 and class 4 procedures. The UHDDS system grouped ICD-9-CM procedure codes into four classes differentiated by impact on either the well-being of the patient or on the health care system. The criteria used to classify procedures included procedural risk, anesthetic risk, and the need for highly trained personnel, special facilities or special equipment. The classes are:

- Class 1: Surgical
- Class 2: Significant procedure (date required)
- Class 3: Significant procedure (date not required)
- Class 4: Minor procedures not normally coded on inpatient data.

Uniform Values			
Variable	Description	Value	Value Description
PRDAYn	Number of days from admission to procedure n	-4 - -1	Days prior to admission
		0	Day of admission
		1 - LOS+3	Days after admission
		.	Missing
		.A	Invalid
		.B	Unavailable from source (coded in 1988-1997 data only)
		.C	Inconsistent: beginning with 1998 data, EPRDAY01; in 1998-1997 data, ED7nn, ED8nn

State Specific Notes

Colorado

Only the calculated day of principal procedure could be used to assign PRDAY1 because Colorado did not supply principal procedure day.

New Jersey

Only the calculated day of procedure could be used to assign PRDAY because New Jersey did not supply the day of procedure.

Utah

Only the calculated day of procedure could be used to assign PRDAYn because Utah did not report day of procedure.

Wisconsin

Principal procedure day is only required for major procedures (defined below). Procedure days are set to missing for all other cases.

Major procedures are defined as Class 1 or 2 procedures. The UHDDS system grouped ICD-9-CM procedure codes into four classes differentiated by impact on either the well-being of the patient or on the health care system. The criteria used to classify procedures included procedural risk, anesthetic risk, and the need for highly trained personnel, special facilities or special equipment. The classes are:

- Class 1: Surgical
- Class 2: Significant procedure (date required)
- Class 3: Significant procedure (date not required)
- Class 4: Minor procedures not normally coded on inpatient data

PRMONTHn - Month of procedure

General Notes

Month of procedure (PRMONTHn) is derived from the procedure date (PRDATEn). If PRDATEn is missing, then PRMONTHn is missing (.). If PRDATEn is invalid, then PRMONTHn is invalid (.A).

Uniform Values			
Variable	**Description**	**Value**	**Value Description**
PRMONTHn	Month of procedure	1-12	Procedure month
		.	Missing
		.A	Invalid

State Specific Notes

None

PROCESS - HCUP processing identification record number

General Notes

The HCUP processing number (PROCESS) is coded YYSSnnnnnnn, where:

- YY = discharge year,
- SS = state FIPS code, and
- nnnnnnn = a 7-digit sequence number.

PROCESS is assigned to each discharge record in the earliest stage of HCUP processing, so that it can be used to track records throughout production. PROCESS is kept on the HCUP files to facilitate the tracking of specific discharges back to the original raw data, should that be necessary.

Uniform Values			
Variable	Description	Value	Value Description
PROCESS	HCUP processing identification record number	11(n)	Processing Number

State Specific Notes

None

PROFEE - Indicator of professional fees in total charges

General Notes

An indicator that professional fees are included in total charges (PROFEE) is retained as provided by the data source. The original values have not been recoded into uniform HCUP values and are source-specific.

Uniform Values			
Variable	**Description**	**Value**	**Value Description**
PROFEE	Indicator of professional fees in total charges	1	Yes
		2	No
		.	Missing

State Specific Notes

Florida

PROFEE is a required submission field for ambulatory surgery data in Florida. PROFEE indicates whether or not professional fees for radiology services are included in total charges (TOTCHG and TOTCHG_X).

The coding of TOTCHG and TOTCHG_X in Florida is <u>inconsistent</u> with the coding of total charges in other states. In Florida, total charges may include professional fees. In all other HCUP states, either professional fees are not included in the supplied total charges or the professional fees are subtracted from the total during HCUP processing. Use the variable PROFEE to identify records for which the total charges include professional fees.

PRSYS - Procedure coding system

PRSYS indicates the coding system for the procedures:

- Almost all HCUP inpatient stays use ICD-9-CM procedure codes (PRSYS = 1)
- If Physicians' Current Procedural Terminology (CPT) or HCFA Common Procedure Coding System (HCPCS) procedure codes are indicated (PRSYS = 2 or 3), then the procedure codes are set to missing (PRn = blank). CPT and HCPCS procedure codes could not be retained in the HCUP data because they are 5 characters, and the HCUP procedure fields (PRn) are 4 characters in length.
- If the procedure coding system was not specified by the data source, then PRSYS is missing (PRSYS =l .)

Uniform Values			
Variable	**Description**	**Value**	**Value Description**
PRSYS	Procedure coding system	1	ICD-9-CM
		2	CPT-4
		3	HCPCS/CPT-4
		.	Missing
		.A	Invalid

State Specific Notes

Florida

Florida did not supply any ICD-9-CM procedure codes. Florida provided only CPT-4 and HCPCS procedure codes. PRSYS is set to 3.

PRVn - Validity Flag: Procedure n

PRVn are validity flags that identify invalid or inconsistent ICD-9-CM procedures in the data elements PRn. There is one validity flag for each procedure, i.e., PRV1 is the validity flag for PR1.

The following are acceptable values for PRVn:

0	indicates a valid and consistent procedure code.
1	indicates an invalid code for the discharge date. A six-month window around the discharge date (three months before and three months after) is allowed for anticipation of or lags in response to official ICD-9-CM coding changes.
.	indicates a missing (blank) procedure code.
.C	indicates that the code is inconsistent with sex of the patient (ED2nn) or the patient's age (ED5nn).

Uniform Values

Variable	Description	Value	Value Description
PRVn	Validity Flag: Procedure n	0	Valid code
		1	Invalid code
		.	No procedure code
		.C	Inconsistent: in 1988-1997 data, ED2nn, ED5nn

State Specific Notes

None

PRYEARn - Year of procedure

<table>
<tr><td colspan="4" align="center">**General Notes**</td></tr>
</table>

Year of procedure (PRYEARn) is derived from the procedure date (PRDATEn). If PRDATEn is missing, then PRYEARn is missing (.). If PRDATEn is invalid, then PRYEARn is invalid (.A).

Uniform Values			
Variable	**Description**	**Value**	**Value Description**
PRYEARn	Year of procedure	yyyy	Procedure year
		.	Missing
		.A	Invalid

<table>
<tr><td align="center">**State Specific Notes**</td></tr>
</table>

None

PSTCO - Patient state/county FIPS code

General Notes

The patient State/county FIPS code (PSTCO) is coded from county supplied by the data source only when that information was not derived from the patient's zip code. Nonnumeric values are set to invalid (.A).

Uniform Values			
Variable	Description	Value	Value Description
PSTCO	Patient state/county FIPS code	Nnnnn	State/County FIPs Code
		.	Missing
		.A	Invalid

State Specific Notes

Colorado

Beginning in 1997, the patient state/county code (PSTCO) is available in the Colorado ambulatory surgery data. The hospital association reports PSTCO for Colorado counties only.

New Jersey

New Jersey classifies patient state and county codes for residents of New Jersey. The patient state and county codes are available for residents of New York and Pennsylvania in some years. For patients from states other than New Jersey, New York and Pennsylvania, PSTCO contains a valid FIPS state code (first two digits) and "000" for the county code (last three digits).

New York

Patient state/county code (PSTCO) is reported for New York counties only. PSTCO is missing (PSTCO = .) for homeless patients.

RACE - Race

HCUP coding includes race and ethnicity in one data element (RACE). If the source supplied race and ethnicity in separate data elements, ethnicity takes precedence over race in setting the HCUP value for race.

Two HCUP data elements contain source-specific information about the race and ethnicity of the patient.

- RACE_X retains information on the race of the patient as provided by the data source.
- HISPANIC_X retains information on the Hispanic ethnicity as provided by the data source.

Not all data sources provide information on race and ethnicity.

Uniform Values			
Variable	**Description**	**Value**	**Value Description**
RACE	Race	1	White
		2	Black
		3	Hispanic
		4	Asian or Pacific Islander
		5	Native American
		6	Other
		.	Missing
		.A	Invalid
		.B	Unavailable from source (coded in 1988-1997 data only)

State Specific Notes

Colorado

Colorado			
RACE_X		RACE	
Value	Description	Value	Description
1	White	1	White
2	Black	2	Black
5	Hispanic	3	Hispanic
3	Asian	4	Asian or Pacific Islander
4	Native American	5	Native American
6	Other	6	Other
7,0, Blank	Missing	.	Missing
Any other values		.A	Invalid
Separate information on ethnicity is not provided. HISPANIC_X is not available.			

Florida

Florida			
RACE_X		RACE	
Value	Description	Value	Description
4	White	1	White
3	Black	2	Black
5	Hispanic - White	3	Hispanic
6	Hispanic - Black		
2	Asian or Pacific Islander	4	Asian or Pacific Islander
1	American Indian/Eskimo/Aleut	5	Native American
7	Other	6	Other
8, Blank	No Response, Missing	.	Missing
Any values not documented by the data source		.A	Invalid
Separate information on ethnicity is not provided. HISPANIC_X is not available.			

Maryland

Beginning in 1993, Maryland reported Hispanic ethnicity as a separate variable. If patient ethnicity was coded as Spanish/Hispanic origin, patient race was set to Hispanic (RACE = 3) during HCUP processing.

Prior to 1993, Maryland did not report Hispanic ethnicity as a separate variable or category of race. Hispanic ethnicity (RACE = 3) is not coded in the 1988-1992 HCUP Maryland data. The source documentation available for Maryland did not indicate which race code(s) were used for Hispanic ethnicity.

Maryland			
RACE_X		**RACE**	
Value	**Description**	**Value**	**Description**
1	White	1	White
2	African American	2	Black
If HISPANIC_X = 1		3	Hispanic
3	Asian or Pacific Islander	4	Asian or Pacific Islander
4	American Indian, Eskimo, Aleut	5	Native American
5	Other	6	Other
9	Unknown	.	Missing
Blank	Missing		
Any values not documented by the data source		.A	Invalid
HISPANIC_X			
1		Spanish/Hispanic origin	
2		Not of Spanish/Hispanic origin	
9		Unknown	

New Jersey

New Jersey			
RACE_X		**RACE**	
Value	**Description**	**Value**	**Description**
1	White	1	White
2	Black	2	Black
If HISPANIC_X = 1, 2, 3, 4, or 5		3	Hispanic
4	Chinese	4	Asian or Pacific Islander
5	Japanese		
6	Hawaiian (including part Hawaiian)		
7	Filipino		
8	Other Asian or Pacific Islander		
3	Indian (North American, Central American, South American, Eskimo, Aleut)	5	Native American
0	Other races	6	Other
9, Blank	Unknown, Missing	.	Missing
Any values not documented by the data source		.A	Invalid
HISPANIC_X			
0		Non-Hispanic	
1		Mexican	
2		Puerto Rican	
3		Cuban	
4		Central or South American	
5		Other and Unknown Hispanic	
9		Not Classified or Unknown	

Beginning in 1993. New Jersey reported Hispanic ethnicity as a separate variable. If patient ethnicity was coded as Hispanic (Mexican, Puerto Rican, Cuban, Central or South American, Other or Unknown Hispanic), patient race was set to Hispanic (RACE = 3) during HCUP processing.

Prior to 1993. New Jersey reported Hispanic ethnicity as a category of race. If New Jersey reported patient race as Hispanic, HCUP assigned patient race as Hispanic (RACE = 3).

Wisconsin

Wisconsin			
RACE_X		**RACE**	
Value	**Description**	**Value**	**Description**
4	White	1	White
3	Black	2	Black
If HISPANIC_X = 1		3	Hispanic
2	Asian or Pacific Islander	4	Asian or Pacific Islander
1	American Indian or Alaskan Native	5	Native American
5	Other	6	Other
6, Blank	Unknown, Missing	.	Missing
Any values not documented by the data source		.A	Invalid
HISPANIC_X			
1		Hispanic origin	
2		Not of Hispanic origin	
6		Unknown	

RACE_X - Race, as received from data source

RACE_X retains information on the race of the patient as provided by the data source. The original values have not been recoded into uniform HCUP values and are source-specific.

Two HCUP data elements contain other information about the race of the patient:

- HISPANIC_X retains information on the Hispanic ethnicity as provided by the data source.
- RACE contains uniformly coded information about the race and ethnicity of the patient. The data element RACE should be used when analyzing race across data sources.

Uniform Values

Variable	Description	Value	Value Description
RACE_X	Race, as received from data source	n(a)	State specific coding - See the "State Specific Notes" section for details

State Specific Notes

Information on State specific coding for this data element is available under the "State Specific Notes" section for the data element RACE.

READMIT - Readmission

Information on readmissions (READMIT) is retained as provided by the data source. The original values have not been recoded into uniform HCUP values and are source-specific.

Uniform Values

Variable	Description	Value	Value Description
READMIT	Readmission	0	Not a readmission
		1	Readmission
		.	Missing
		.A	Invalid

State Specific Notes

New Jersey

A readmission (READMIT = 1) is defined as admission to the same facility from which the patient was discharged within the previous seven days.

SEQ_ASD - SASD sequence number

General Notes

The unique HCUP record number assigned to each discharge varies by year.

- In the 1988-1993 data, the data element SEQ is on all HCUP databases.
- In the 1994-1997 data,
    - SEQ is only on the NIS,
    - SEQ_SID is on the HCUP inpatient databases (SID and NIS), and
    - SEQ_ASD is on the HCUP outpatient databases.
- Beginning in the 1998 data, the data element KEY is used on all HCUP databases.

Uniform Values			
Variable	**Description**	**Value**	**Value Description**
SEQ_ASD	SASD sequence number	13(n)	Record sequence number in SASD

State Specific Notes

None

SEX - Sex of the patient

The sex of the patient (SEX) is provided by the data source. All non-male, no-female (e.g., "other") values are set to missing (.).

If SEX is inconsistent with diagnoses (DE1nn) or procedures (DE2nn), SEX is set to inconsistent (.C).

Uniform Values			
Variable	Description	Value	Value Description
SEX	Sex of the patient	1	Male
		2	Female
		.	Missing
		.A	Invalid
		.B	Unavailable from source (coded in 1988-1997 data only)
		.C	Inconsistent: ED1nn, ED2nn

State Specific Notes

None

SURGID_S - Synthetic primary surgeon number

General Notes

Beginning in 2001, this data element is called MDNUM2_S.

SURGID_S contains a fixed-key (one-to-one) encryption of the supplied primary surgeon number (SURGID), according to the following rules:

- All alphanumeric digits are used in the encryption.
- All symbols such as ".,:;'*@" are retained in the encrypted value, but not in the same location.
- Leading zeros are encrypted so that the two original physician identifiers "000A6" and "A6" are distinctly different.
- When the original attending physician and primary surgeon identifiers are the same, the synthetic identifiers, MDID_S and SURGID_S, are the same.
- When the SURGID in the ambulatory surgery data and the inpatient data are the same, the synthetic identifier, SURGID_S is the same.

Except in those data sources where physician license numbers are supplied, it is not known whether the physician identifier SURGID_S refers to individual physicians or to groups. If the primary surgeon numbers supplied by the data source are not restricted to license numbers, the state-specific note includes available information about reporting practices, including whether SURGID_S refers to individual physicians or to groups.

Beginning in the 1993 data, supplied physician identifiers were checked for null characters. If null characters were found, they were replaced by blanks before the identifier was encrypted. Since this conversion was not done in prior years of HCUP data, the encrypted physician identifiers from 1993 on may not match those in earlier years. However, null characters are rarely included.

Uniform Values			
Variable	Description	Value	Value Description
SURGID_S	Synthetic primary surgeon number	16(a)	Synthetic physician identifier
		Blank	Missing

State Specific Notes

Colorado

The primary surgeon number (SURGID_S) may not accurately track physicians across hospitals. The state encourages hospitals to use the Professional State License Number as an identifier, but some hospitals continue to use their own internal identification number. Also, some hospitals appear to pad the Professional State License Number (a 5-digit code). Information was not available from the data source about the prevalence of these practices.

Some hospitals may use one license number for all physicians in order to protect physician confidentiality. Information was not available about the prevalence of this practice.

Florida

Florida reports state license numbers for the operating physician identifiers. During HCUP processing, physician identifiers were encrypted (SURGID_S).

Maryland

Maryland reports a state license number assigned by the Medical Chirurgical Faculty of Maryland (MED CHI) for the operating physician. Source documentation describes strict assignment and verification rules for this field.

New Jersey

New Jersey provided state license numbers as physician identifiers for all years.

New York

New York reports state license numbers as physician identifiers. Source documentation indicates that if the operating physician did not possess a valid New York state license number, the license number of the operating physician or Chief of Service should have been reported.

New York does not limit this field to physicians; dentists, podiatrists, psychologists, nurse/midwifes, and other licensed health care professionals may be included. It is impossible to identify the different types of providers in the HCUP data.

Source physician identifiers are encrypted during HCUP processing.

In the 1998-2000 data, physician identifiers are missing (" ") on discharges with an indication of an induced abortion. New York identifies an indication of induced abortion by ICD-9-CM diagnosis or procedure code:

- An admitting, principal, or secondary diagnosis of "6350" through "6399", or "7796".
- A principal or secondary procedure of "690", "695", "696", "6993", "738", "7491", "750", "751", or "9649".

Please note that the admitting diagnosis is not retained in the HCUP databases.

TOTCHG - Total charges, cleaned

TOTCHG contains the edited total charges. The original value provided by the data source is retained in the data element TOTCHG_X. How total charges are edited depends on the year of the data.

In the 1988-1997 HCUP databases, the following edits are applied to total charges (TOTCHG):

- Values are rounded to the nearest dollar; and
- Zero charges are set to missing(.);
- Negative charges are set to invalid (.A); and
- For HCUP inpatient databases, if charges per day (TOTCHG/LOS) are unjustifiably low (ED911) or high (ED921), then TOTCHG is set to inconsistent (.C).
- For HCUP outpatient databases, if total charges are excessively low (ED912) or high (ED922), then TOTCHG is set to inconsistent (.C). (SASD)

Beginning in the 1998 HCUP databases, the following edits are applied to total charges (TOTCHG):

- Values are rounded to the nearest dollar; and
- Zero charges are set to missing (.);
- If total charges are excessively low (ETCHG01) or high (ETCHG02), then TOTCHG is set to inconsistent (.C). The limits for excessively low and high total charges vary for inpatient and outpatient databases.

Generally, total charges (TOTCHG and TOTCHG_X) do not include professional fees and non-covered charges. If the source provides total charges with professional fees, then the professional fees are removed from the charge during HCUP processing. In a small number of HCUP databases, professional fees can not be removed from total charges because the data source cannot provide the information. In these rare cases, the HCUP data element PROFEE, that identifies which records have professional fees included in the total charge, is included on the HCUP database.

Emergency department charges incurred prior to admission to the hospital may be included in total charges (TOTCHG and TOTCHG_X). Medicare requires a bundled bill for Medicare patients admitted to the hospital through the emergency department. Other payers may or may not have similar requirements.

Uniform Values

Variable	Description	Value	Value Description
TOTCHG	Total charges, cleaned	25 - 1 million	Total Charge rounded (In the 1988-1997 data, TOTCHG can be less than 25 and greater than 1 million)
		.	Missing
		.A	Invalid
		.B	Unavailable from source (coded in 1988-1997 data only)
		.C	Inconsistent: beginning with 1998 data, ETCHG01, ETCHG02; in 1998-1997 data, ED911, ED912, ED921, ED922

State Specific Notes

Colorado

According to Colorado, hospital based physician fees are excluded from total charges (TOTCHG and TOTCHG_X).

Florida

The coding of TOTCHG and TOTCHG_X in Florida is inconsistent with the coding of total charges in other states. In Florida, total charges may include professional fees. In all other HCUP states, either professional fees are not included in the supplied total charges or the professional fees are subtracted from the total during HCUP processing.

Use the variable PROFEE to identify records for which the total charges include professional fees. PROFEE is a required submission field for ambulatory surgery data in Florida. PROFEE indicates whether or not professional fees for radiology services are included in total charges (TOTCHG and TOTCHG_X).

Maryland

Maryland excluded the following from total charges:

- Physician charges and
- Charges not regulated by the Health Services Cost Review Commission (for example, telephone service, television charges or private duty nursing charges).

Utah

Please use the 1997 data for DSHOSPID="408" with caution. Based on a cursory review of the hospital's data, the following problems were identified:

- the original discharge date field was shifted by one character causing most of the reported dates to be invalid. During HCUP processing, YEAR was assigned to 97 and DQTR and DDATE were assigned using the shifted position.
- DISP was missing (DISP = .) on 74% of the discharges, and
- the median total charge (TOTCHG) was $14.

Wisconsin

Wisconsin may have included professional fees and convenience items in its total charges. Hospitals are instructed to remove these fees from total charges, but some hospitals do not subtract them and others have had difficulties with their accounting software. There is no way to determine which hospitals did or did not include these items.

Hospitals are not required to report total charges for stays over 100 days.

TOTCHG_X - Total charges, as received from data source

<table>
<tr><td align="center">General Notes</td></tr>
</table>

TOTCHG_X retains the total charge supplied by a data source, including cents and negative values, with the following exceptions:

- Zero charges are set to missing (.); and
- Charges that round to zero are set to missing (.).

TOTCHG_X has the same value as TOTCHG just before edit checks on total charges are performed. TOTCHG contains the cleaned total charges. TOTCHG_X contains the original value of total charges.

Generally, total charges (TOTCHG and TOTCHG_X) do not include professional fees and non-covered charges. If the source provides total charges with professional fees, then the professional fees are removed from the charge during HCUP processing. In a small number of HCUP databases, professional fees can not be removed from total charges because the data source cannot provide the information. In these rare cases, the HCUP data element PROFEE, that identifies which records have professional fees included in the total charge, is included on the HCUP database.

In some cases, only copay amounts, such as $10 or $20, may be in the total charges. There is no documentation as to the prevalence of this practice.

Uniform Values			
Variable	**Description**	**Value**	**Value Description**
TOTCHG_X	Total charges, as received from data source	+/- 100 million	Total charge (with 2 decimal places)
		.	Missing
		.A	Invalid (nonnumeric or out of range)

State Specific Notes

Colorado

According to Colorado, hospital based physician fees are excluded from total charges (TOTCHG and TOTCHG_X).

Florida

The coding of TOTCHG and TOTCHG_X in Florida is inconsistent with the coding of total charges in other states. In Florida, total charges may include professional fees. In all other HCUP states, either professional fees are not included in the supplied total charges or the professional fees are subtracted from the total during HCUP processing.

Use the variable PROFEE to identify records for which the total charges include professional fees. PROFEE is a required submission field for ambulatory surgery data in Florida. PROFEE indicates whether or not professional fees for radiology services are included in total charges (TOTCHG and TOTCHG_X).

Maryland

Maryland excluded the following from total charges:

- Physician charges and
- Charges not regulated by the Health Services Cost Review Commission (for example, telephone service, television charges or private duty nursing charges).

Wisconsin

Wisconsin may have included professional fees and convenience items in its total charges. Hospitals are instructed to remove these fees from total charges, but some hospitals do not subtract them and others have had difficulties with their accounting software. There is no way to determine which hospitals did or did not include these items.

Hospitals are not required to report total charges for stays over 100 days.

TOWN - Patient town of residence, as received from source

General Notes

Information on the town in which the patient resides (TOWN) is retained as provided by the data source. No edit checks are performed on this data element during HCUP processing.

Uniform Values			
Variable	**Description**	**Value**	**Value Description**
TOWN	Patient town of residence, as received from source	n/a	State specific coding - See the "State Specific Notes" section for details

State Specific Notes

New Jersey

New Jersey	
Value of TOWN	**Description**
1 = Atlantic County	
101	Absecon City
102	Atlantic City
103	Brigantine City
104	Buena Boro
105	Buena Vista Twp.
106	Corbin City
107	Egg Harbor City
108	Egg Harbor Twp.
109	Estell Manor City
110	Folsom Boro
111	Galloway Twp.
112	Hamilton Twp.
113	Hammonton Town

114	Linwood City
115	Longport Boro
116	Margate City
117	Mullica Twp.
118	Northfield City
119	Pleasantville City
120	Port Republic City
121	Somers Point City
122	Ventnor City
123	Weymouth Twp.
2 = Bergen County	
201	Allendale Boro
202	Alpine Boro
203	Bergenfield Boro
204	Bogota Boro
205	Carlstadt Boro
206	Cliffside Park Boro
207	Closter Boro
208	Cresskill Boro
209	Demarest Boro
210	Dumont Boro
211	Elmwood Park Boro
212	East Rutherford Boro
213	Edgewater Boro
214	Emerson Boro
215	Englewood City
216	Englewood Cliffs Boro
217	Fair Lawn Boro
218	Fairview Boro
219	Fort Lee Boro
220	Franklin Lakes Boro
221	Garfield City
222	Glen Rock Boro
223	Hackensack City
224	Harrington Park Boro

225	Hasbrouck Heights Boro
226	Haworth Boro
227	Hillsdale Boro
228	Hohokus Boro
229	Leonia Boro
230	Little Ferry Boro
231	Lodi Boro
232	Lyndhurst Twp.
233	Mahwah Twp.
234	Maywood Boro
235	Midland Park Boro
236	Montvale Boro
237	Moonachie Boro
238	New Milford Boro
239	North Arlington Boro
240	Northvale Boro
241	Norwood Boro
242	Oakland Boro
243	Old Tappan Boro
244	Oradell Boro
245	Palisade Park Boro
246	Paramus Boro
247	Park Ridge Boro
248	Ramsey Boro
249	Ridgefield Boro
250	Ridgefield Park Village
251	Ridgefield Village
252	River Edge Boro
253	River Vale Twp.
254	Rochelle Park Twp.
255	Rockleigh Boro
256	Rutherford Boro
257	Saddle Brook Twp.
258	Saddle River Boro
259	South Hackensack Twp.

260	Teaneck Twp.
261	Tenafly Boro
262	Teterboro Boro
263	Upper Saddle River Boro
264	Waldwick Boro
265	Wallington Boro
266	Washington Twp.
267	Westwood Boro
268	Woodcliff Lake Boro
269	Wood-Ridge Boro
270	Wyckoff Twp.
3 = Burlington County	
301	Bass River Twp.
302	Beverly City
303	Bordentown City
304	Bordentown Twp.
305	Burlington City
306	Burlington Twp.
307	Chesterfield Twp.
308	Cinnaminson Twp.
309	Delanco Twp.
310	Delran Twp.
311	Eastampton Twp.
312	Edgewater Park Twp.
313	Evesham Twp.
314	Fieldsboro Boro
315	Florence Twp.
316	Hainesport Twp.
317	Lumberton Twp.
318	Mansfield Twp.
319	Maple Shade Twp.
320	Medford Twp.
321	Medford Lakes Boro
322	Moorestown Twp.
323	Mount Holly Twp.

324	Mount Laurel Twp.
325	New Hanover Twp.
326	North Hanover Twp.
327	Palmyra Boro
328	Pemberton Boro
329	Pemberton Twp.
330	Riverside Twp.
331	Riverton Boro
332	Shamong Twp.
333	Southampton Twp.
334	Springfield Twp.
335	Tabernacle Twp.
336	Washington Twp.
337	Westampton Twp.
338	Willingboro Twp.
339	Woodland Twp.
340	Wrightstown Boro
4 = Camden County	
401	Audubon Boro
402	Audubon Park Boro
403	Barrington Boro
404	Bellmawr Boro
405	Berlin Boro
406	Berlin Twp.
407	Brooklawn Boro
408	Camden City
409	Cherry Hill Twp.
410	Chelsilhurst Boro
411	Clementon Boro
412	Collingswood Boro
413	Gibbsboro Boro
414	Gloucester City
415	Gloucester Twp.
416	Haddon Twp.
417	Haddonfield Boro

418	Haddon Heights Boro
419	Hi-Nella Boro
420	Laurel Springs Boro
421	Lawnside Boro
422	Lindenwold Boro
423	Magnolia Boro
424	Merchantville Boro
425	Mount Ephraim Boro
426	Oaklyn Boro
427	Pennsauken Twp.
428	Pine Hill Boro
429	Pine Valley Boro
430	Runnemede Boro
431	Somerdale Boro
432	Stratford Boro
433	Tavistock Boro
434	Voorhees Twp.
435	Waterford Twp.
436	Winslow Twp.
437	Woodlynne Boro
5 = Cape May County	
501	Avalon Boro
502	Cape May City
503	Cape May Point Boro
504	Dennis Twp.
505	Lower Twp.
506	Middle Twp.
507	North Wildwood City
508	Ocean City
509	Sea Isle City
510	Stone Harbor Boro
511	Upper Twp.
512	West Cape May Boro
513	West Wildwood Boro
514	Wildwood City

515	Wildwood Crest Boro
516	Woodbine Boro
6 = Cumberland County	
601	Bridgeton City
602	Commercial Twp.
603	Deerfield Twp.
604	Downe Twp.
605	Fairfield Twp.
606	Greenwich Twp.
607	Hopewell Twp.
608	Lawrence Twp.
609	Maurice River Twp.
610	Millville City
611	Shiloh Boro
612	Stow Creek Twp.
613	Upper Deerfield Twp.
614	Vineland City
7 = Essex County	
701	Belleville Twp.
702	Bloomfield Twp.
703	Caldwell Boro Twp.
704	Cedar Grove Twp.
705	East Orange City
706	Essex Fells Twp.
707	Fairfield Twp.
708	Glen Ridge Boro Twp.
709	Irvington Twp.
710	Livingston Twp.
711	Maplewood Twp.
712	Millburn Twp.
713	Montclair Twp.
714	Newark City
715	North Caldwell Boro
716	Nutley Twp.
717	City of Orange Twp.

718	Roseland Boro
719	South Orange Village Twp.
720	Verona Twp.
721	West Caldwell Twp.
722	West Orange Twp.
8 = Gloucester County	
801	Clayton Boro
802	Deptford Twp.
803	East Greenwich Twp.
804	Elk Twp.
805	Franklin Twp.
806	Glassboro Boro
807	Greenwich Twp.
808	Harrison Twp.
809	Logan Twp.
810	Mantua Twp.
811	Monroe Twp.
812	National Park Boro
813	Newfield Boro
814	Paulsboro Boro
815	Pitman Boro
816	South Harrison Twp.
817	Swedesboro Boro
818	Washington Twp.
819	Wenonah Boro
820	West Deptford Twp.
821	Westville Boro
822	Woodbury City
823	Woodbury Heights Boro
824	Woolwich Twp.
9 = Hudson County	
901	Bayonne City
902	East Newark Boro
903	Guttenberg Town
904	Harrison Town

905	Hoboken City
906	Jersey City
907	Kearny Town
908	North Bergen Twp.
909	Secaucus Town
910	Union City
911	Weehawken Twp.
912	West New York Town
10 = Hunterdon County	
1001	Alexandria Twp.
1002	Bethlehem Twp.
1003	Bloomsbury Boro
1004	Califon Boro
1005	Clinton Town
1006	Clinton Twp.
1007	Delaware Twp.
1008	East Amwell Twp.
1009	Flemington Boro
1010	Franklin Twp.
1011	Frenchtown Boro
1012	Glen Gardner Boro
1013	Hampton Boro
1014	High Bridge Boro
1015	Holland Twp.
1016	Kingwood Twp.
1017	Lambertville City
1018	Lebanon Boro
1019	Lebanon Twp.
1020	Milford Boro
1021	Raritan Twp.
1022	Readington Twp.
1023	Stockton Boro
1024	Tewksbury Twp.
1025	Union Twp.
1026	West Amwell Twp.

11 = Mercer County	
1101	East Windsor Twp.
1102	Ewing Twp.
1103	Hamilton Twp.
1104	Hightstown Boro
1105	Hopewell Boro
1106	Hopewell Twp.
1107	Lawrence Twp.
1108	Pennington Boro
1109	Princeton Boro
1110	Princeton Twp.
1111	Trenton City
1112	Washington Twp.
1113	West Windsor Twp.
120 = Middlesex County	
1201	Carteret Boro
1202	Cranbury Twp.
1203	Dunellen Boro
1204	East Brunswick Twp.
1205	Edison Twp.
1206	Helmetta Boro
1207	Highland Park Boro
1208	Jamesburg Boro
1209	Old Bridge Twp.
1210	Metuchen Boro
1211	Middlesex Boro
1212	Milltown Boro
1213	Monroe Twp.
1214	New Brunswick City
1215	North Brunswick Twp.
1216	Perth Amboy City
1217	Piscataway Twp.
1218	Plainsboro Twp.
1219	Sayreville Boro
1220	South Amboy City

1221	South Brunswick Twp.
1222	South Plainfield Boro
1223	South River Boro
1224	Spotswood Boro
1225	Woodbridge Twp.
13 = Monmouth County	
1301	Allenhurst Boro
1302	Allentown Boro
1303	Asbury Park City
1304	Atlantic Highlands Boro
1305	Avon-By-The-Sea Boro
1306	Belmar Boro
1307	Bradley Beach Boro
1308	Brielle Boro
1309	Colts Neck Twp.
1310	Deal Boro
1311	Eatontown Boro
1312	Englishtown Boro
1313	Fair Haven Boro
1314	Farmingdale Boro
1315	Freehold Boro
1316	Freehold Twp.
1317	Highlands Boro
1318	Holmdel Twp.
1319	Howell Twp.
1320	Interlaken Boro
1321	Keansburg Boro
1322	Keyport Boro
1323	Little Silver Boro
1324	Loc Arbour Village
1325	Long Branch City
1326	Manalapan Twp.
1327	Manasquan Boro
1328	Marlboro Twp.
1329	Matawan Boro

1330	Aberdeen Twp.
1331	Middletown Twp.
1332	Millstone Twp.
1333	Monmouth Beach Boro
1334	Neptune Twp.
1335	Neptune City Boro
1336	Tinton Falls Boro
1337	Ocean Twp.
1338	Oceanport Boro
1339	Hazlet Twp.
1340	Red Bank Boro
1341	Roosevelt Boro
1342	Rumson Boro
1343	Sea Bright Boro
1344	Sea Girt Boro
1345	Shrewsbury Boro
1346	Shrewsbury Twp.
1347	South Belmar Boro
1348	Spring Lake Boro
1349	Spring Lake Heights Boro
1350	Union Beach Boro
1351	Upper Freehold Twp.
1352	Wall Twp.
1353	West Long Branch Boro
14 = Morris County	
1401	Boonton Town
1402	Boonton Twp.
1403	Butler Boro
1404	Chatham Boro
1405	Chatham Twp.
1406	Chester Boro
1407	Chester Twp.
1408	Denville Twp.
1409	Dover Town
1410	East Hanover Twp.

1411	Florham Park Boro
1412	Hanover Twp.
1413	Harding Twp.
1414	Jefferson Twp.
1415	Kinnelon Boro
1416	Lincoln Park Boro
1417	Madison Boro
1418	Mendham Boro
1419	Mendham Twp.
1420	Mine Hill Twp.
1421	Montville Twp.
1422	Morris Twp.
1423	Morris Plains Boro
1424	Morristown Town
1425	Mountain Lakes Boro
1426	Mount Arlington Boro
1427	Mount Olive Twp.
1428	Netcong Boro
1429	Parsippany-Troy Hills Twp.
1430	Passaic Twp.
1431	Pequannock Twp.
1432	Randolph Twp.
1433	Riverdale Boro
1434	Rockaway Boro
1435	Rockaway Twp.
1436	Roxbury Twp.
1437	Victory Gardens Boro
1438	Washington Twp.
1439	Wharton Boro
15 = Ocean County	
1501	Barnegat Light Boro
1502	Bay Head Boro
1503	Beach Haven Boro
1504	Beachwood Boro
1505	Berkeley Twp.

1506	Brick Twp.
1507	Dover Twp.
1508	Eagleswood Twp.
1509	Harvey Cedars Boro
1510	Island Heights Boro
1511	Jackson Twp.
1512	Lacey Twp.
1513	Lakehurst Boro
1514	Lakewood Twp.
1515	Lavallette Boro
1516	Little Egg Harbor Twp.
1517	Long Beach Twp.
1518	Manchester Twp.
1519	Mantaloking Boro
1520	Ocean Twp.
1521	Ocean Gate Boro
1522	Pine Beach Boro
1523	Plumsted Twp.
1524	Point Pleasant Boro
1525	Point Pleasant Beach Boro
1526	Seaside Heights Boro
1527	Seaside Park Boro
1528	Ship Bottom Boro
1529	South Toms River Boro
1530	Stafford Twp.
1531	Surf City Boro
1532	Tuckerton Boro
1533	Barnegat Twp.
16 = Passaic County	
1601	Bloomingdale Boro
1602	Clifton City
1603	Haledon Boro
1604	Hawthorne Boro
1605	Little Falls Twp.
1606	North Haledon Boro

1607	Passaic City
1608	Paterson City
1609	Pompton Lakes Boro
1610	Prospect Park Boro
1611	Ringwood Boro
1612	Totowa Boro
1613	Wanaque Boro
1614	Wayne Twp.
1615	West Milford Twp.
1616	West Paterson Boro
17 = Salem County	
1701	Alloway Twp.
1702	Elmer Boro
1703	Elsinboro Twp.
1704	Lower Alloways Creek Twp.
1705	Mannington Twp.
1706	Oldsman Twp.
1707	Penns Grove Boro
1708	Pennsville Twp.
1709	Pilesgrove Twp.
1710	Pittsgrove Twp.
1711	Quinton Twp.
1712	Salem City
1713	Carneys Point Twp.
1714	Upper Pittsgrove Twp.
1715	Woodstown Boro
18 = Somerset County	
1801	Bedminister Twp.
1802	Bernards Twp.
1803	Bernardsville Boro
1804	Bound Brook Boro
1805	Branchburg Twp.
1806	Bridgewater Twp.
1807	Far Hills Boro
1808	Franklin Twp.

1809	Green Brook Twp.
1810	Hillsborough Twp.
1811	Manville Boro
1812	Millstone Boro
1813	Montgomery Twp.
1814	North Plainfield Boro
1815	Peapack Gladstone Boro
1816	Raritan Boro
1817	Rocky Hill Boro
1818	Somerville Boro
1819	South Bound Brook Boro
1820	Warren Twp.
1821	Watchung Boro
19 = Sussex County	
1901	Andover Boro
1902	Andover Twp.
1903	Branchville Boro
1904	Byram Twp.
1905	Frankford Twp.
1906	Franklin Boro
1907	Fredon Twp.
1908	Green Twp.
1909	Hamburg Boro
1910	Hampton Twp.
1911	Hardyston Twp.
1912	Hopatcong Boro
1913	Lafayette Twp.
1914	Montague Twp.
1915	Newton Town
1916	Ogdensburg Boro
1917	Sandyston Twp.
1918	Sparta Twp.
1919	Stanhope Boro
1920	Stillwater Twp.
1921	Sussex Boro

1922	Vernon Twp.
1923	Walpack Twp.
1924	Wantage Twp.
20 = Union County	
2001	Berkeley Heights Twp.
2002	Clark Twp.
2003	Cranford Twp.
2004	Elizabeth City
2005	Fanwood Boro
2006	Garwood Boro
2007	Hillside Twp.
2008	Kenilworth Boro
2009	Linden City
2010	Mountainside Boro
2011	New Providence Boro
2012	Plainfield City
2013	Rahway City
2014	Roselle Boro
2015	Roselle Park Boro
2016	Scotch Plains Twp.
2017	Springfield Twp.
2018	Summit City
2019	Union Twp.
2020	Westfield Twp.
2021	Winfield Twp.
21 = Warren County	
2101	Allamuchy Twp.
2102	Alpha Boro
2103	Belvidere Twp.
2104	Blairstown Twp.
2105	Franklin Twp.
2106	Frelinghuysen Twp.
2107	Greenwich Twp.
2108	Hackettstown Town
2109	Hardwick Twp.

2110	Harmony Twp.
2111	Hope Twp.
2112	Independence Twp.
2113	Knowlton Twp.
2114	Liberty Twp.
2115	Lopatcong Twp.
2116	Mansfield Twp.
2117	Oxford Twp.
2118	Pahaquarry Twp.
2119	Phillipsburg Town
2120	Pohatcong Twp.
2121	Washington Boro
2122	Washington Twp.
2123	White Twp.

UNITn - Units of service

The unit of service (UNITn) is retained as provided by the data source. Negative values are set to invalid (.A). If supplied by the data source, fractional values of units of service (UNIT) are rounded, with any non-zero value less than 1 (0.01-0.99) rounded to 1.

Uniform Values

Variable	Description	Value	Value Description
UNITn	Units of service	nnnn	Units of Service
		.	Missing
		.A	Invalid

State Specific Notes

New Jersey

The unit categories from New Jersey are:

UNIT1	Medical-Surgical Days
UNIT2	Obstetric Days
UNIT3	Pediatric Days
UNIT4	Psychiatric Days
UNIT5	Burn Care Unit Days
UNIT6	Intensive Care Unit Days
UNIT7	Coronary Care Unit Days
UNIT8	Neonatal Intensive Care Unit Days
UNIT9	Newborn Nursery Days
UNIT10	Emergency Room Visits
UNIT11	Clinic Visits
UNIT12	Home Health Visits
UNIT13	Anesthesiology Minutes Used
UNIT14	Cardiac Catheterization Procedures
UNIT15	Delivery and/or Gyn Procedures

UNIT16	Dialysis Treatments
UNIT17	Times Drugs or Pharmacy Used
UNIT18	Electrocardiograms
UNIT19	Laboratory Tests
UNIT20	Number of Medical Surgical Supplies
UNIT21	Number of EEGs and EMGs
UNIT22	Nuclear Medicine Procedures
UNIT23	Occupational Therapy Visits
UNIT24	Operating Room Procedures
UNIT25	Organ Transplants
UNIT26	Physical Therapy Visits
UNIT27	Psychiatric Hours (Spent with Patient)
UNIT28	Times Radiology Used
UNIT29	Respiratory Therapy Treatments
UNIT30	Speech Pathology Visits
UNIT31	Therapeutic Radiology Procedures
UNIT32	Same Day Surgery Visits
UNIT33	Excluded Revenue Codes
UNIT34	Non-Acute Ancillary Revenue Codes
UNIT35	Medicare, Part B, Non-Acute Codes

YEAR - Calendar year

General Notes

The discharge year (YEAR) is <u>always</u> coded. In the 1988-1997 HCUP databases, YEAR is two-digits (e.g., if the discharge year is 1990, then YEAR = 90). Beginning in the 1998 HCUP databases, YEAR is four-digits (e.g., 1998).

Uniform Values			
Variable	**Description**	**Value**	**Value Description**
YEAR	Calendar year	yy	2-digit calendar year in 1988-1997 data
		yyyy	4-digit calendar year beginning with 1998 data

State Specific Notes

None

ZIP - Patient zip code

The patient's zip code (ZIP) is retained as provided by the data source with the following exceptions:

- Foreign zip codes are recoded to indicate Canadian, Mexican, and other or unspecified foreign zip codes.
- Invalid zip codes are identified (ZIP = "A"). In the 1988-1992 HCUP databases, the zip code is validated against a composite list of zip codes valid as of December 1987, 1990, and 1992. Beginning in the 1993 HCUP databases, the zip code is required only to be numeric.
- The zip code for homeless patients is set to missing (ZIP = " ") in the 1988-1999 HCUP databases. Beginning in the 2000 HCUP databases, ZIP is set to "H".

Uniform Values			
Variable	**Description**	**Value**	**Value Description**
ZIP	Patient zip code	nnnnn	Zip codes
		C	Canada
		M	Mexico
		F	Other or unspecified foreign
		H	Homeless (beginning with 2000 data)
		Blank	Missing
		A	Invalid
		B	Unavailable from source (coded 1988-1997 data only)

State Specific Notes

Colorado

In 1993, Colorado redefined zip code categories and included a separate category for foreign and homeless patients. Colorado used only one category for all foreign zip codes, including Canada and Mexico. These are assigned to the HCUP category for Other/Unspecified Foreign (ZIP = "F"). Colorado used the zip code "00003" for homeless patients. Beginning in 2000, this zip code was assigned to the HCUP

category for Homeless (ZIP = "H"). Prior to 2000, this zip code was recoded to blank (ZIP = " ").

Florida

Florida masked zip codes of areas in Florida where the population is less than 500 people. These masked codes were set to missing (ZIP = " ") during HCUP processing.

Florida masks zip codes for patients who reside out-of-state. These masked codes were set to missing (ZIP = " ") during HCUP processing.

Florida reports a single "Foreign Country" category which includes Canada and Mexico. During HCUP processing, "Foreign Country" was assigned to the uniform category for "Other/Unspecified Foreign" (ZIP = "F").

Beginning in 1997, Florida reports a separate zip code category for homeless patients. Beginning in 2000, this zip code was assigned to the HCUP category for Homeless (ZIP = "H"). Prior to 2000, this zip code was recoded to blank (ZIP=" ").

New Jersey

New Jersey does not report foreign, Canadian or Mexican zip postal codes. In the source data, these ZIP codes are blank. During HCUP processing, blank values were assigned to missing (" ").

New York

For 1988-1992, New York uses only one category for all foreign zip codes, including Canada and Mexico. These are assigned to the HCUP category for Other/Unspecified Foreign (ZIP = "F").

Beginning in 1993, New York separately classifies Canadian, but not Mexican zip codes. Mexican zip codes are included in the HCUP category for Other/Unspecified Foreign (ZIP = "F").

Wisconsin

Wisconsin uses only one category for all foreign zip codes, including Canada and Mexico. These are assigned to the HCUP category for Other/Unspecified Foreign (ZIP = "F").

Wisconsin suppressed zip codes with low frequency (less than 30 discharges per quarter) or low population (less than 1000 people). These zip codes will appear as missing (" ") in the HCUP Wisconsin data.

ZIP_S - Synthetic patient zip code

<table>
<tr><td colspan="2" align="center">General Notes</td></tr>
</table>

ZIP_S contains a fixed-key (one-to-one) encryption of the patient's residential zip code (ZIP). To prevent inadvertent or intentional identification of specific patients based on the patient's residential zip code, the last 2 digits were encrypted. While it is still possible to identify the state of a patient's residence using the first three unencrypted zip code digits, ZIP_S does not allow placement of a specific patient within a narrower, zip code-based geography.

If the zip code in the HCUP ambulatory surgery databases and the inpatient databases are the same, the synthetic identifier, ZIP_S is the same.

Users of the encrypted zip code data element are strictly forbidden to identify the actual zip code associated with the encrypted zip code.

The encrypted zip code (ZIP_S) contains the following special values:

- Canadian, Mexican, and other or unspecified foreign zip codes (ZIP_S = "C", "M", or "F", respectively).
- Invalid zip codes (ZIP = "A"). In the 1988-1992 HCUP databases, the zip code is validated against a composite list of zip codes valid as of December 1987, 1990, and 1992. Beginning in the 1993 HCUP databases, the zip code is required only to be numeric.
- Homeless patients. In the 1988-1999 HCUP databases, (ZIP_S = " ") . Beginning in the 2000 HCUP databases, ZIP_S = "H".

Uniform Values			
Variable	**Description**	**Value**	**Value Description**
ZIP_S	Synthetic patient zip code	nnnnn	Synthetic zip codes
		C	Canada
		M	Mexico
		F	Other or unspecified foreign
		H	Homeless (beginning with 2000 data)
		Blank	Missing
		A	Invalid
		B	Unavailable from source (coded 1988-1997 data only)

State Specific Notes

Utah

Utah uses only one category for all foreign zip codes, including Canada and Mexico. These are assigned to the HCUP category for Other/Unspecified Foreign (ZIP_S = "F").

Utah masks zip codes under the following conditions:

- Patients in Utah or non-Utah zip codes with less than 30 discharges in a calendar year,
- Patients with the Major Diagnosis Code of "Human Immunodeficiency Virus Infection" (value 25), and
- Diagnosis Related Groups "Alcohol/Drug Abuse or Dependence" (values 433-437).

Utah reports a zip code category for homeless patients. Beginning in 2000, this zip code was assigned to the HCUP category for Homeless (ZIP_S = "H"). Prior to 2000, this zip code was recoded to blank (ZIP_S = " ").